## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person * REDDIN THOMAS			2. Issuer Name and Ticker or Trading Symbol TANGER FACTORY OUTLET CENTERS, INC [SKT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director						
	(Last) (First) (Middle) 3200 NORTHLINE AVE, SUITE 360			3. Date of Earliest Transaction (Month/Day/Year) 08/12/2021											
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					-	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
GREENSBORO, NC 27408 (City) (State) (Zip)			Table I Non Desirating Secretary						A aqui	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		e, if	3. Trans Code (Instr. 8)	action 4. Securities Acquire (A) or Disposed of (		uired of (D)	5. Amoun Beneficial Reported	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	Beneficial	
				(Month/Day/Y	ear)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	or Ind (I)		or Indirect	Ownership (Instr. 4)
Commor	Stock		08/12/2021			S	5	5,000		\$ 18	50,726			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficially	y owi	ned direc	Person	ns who	o respon			ction of inf	ormation		1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Secu	ıritie	es Acquir	Person contain the for ed, Disp	ns who ined in rm dis	o respon this for plays a c	m are currer eficiall	not requ itly valid	uired to res		ss	1474 (9-02)
1. Title of	•	3. Transaction	Table II - I (a 3A. Deemed Execution Date (aar) (aar)		symptotic sympto	es Acquir rrants, oj	Person contai the for ed, Disp otions, c	ns who ined in rm dis	o respond this formula this for	eficiallities) 7. Tir Amo Unde	not required the and count of erlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of India Benefit Owner (Instr.

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
REDDIN THOMAS	37				
3200 NORTHLINE AVE, SUITE 360 GREENSBORO, NC 27408	X				

## **Signatures**

/s/ James F. Williams, attorney-in-fact for Mr. Reddin	08/16/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.