

TAUBMAN CENTERS INC

Reported by
PAYNE LISA A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/11/99 for the Period Ending 05/10/99

Address	200 E LONG LAKE RD SUITE 300 P O BOX 200 BLOOMFIELD HILLS, MI 48303-0200
Telephone	2482586800
CIK	0000890319
Symbol	TCO
SIC Code	6798 - Real Estate Investment Trusts
Industry	Real Estate Operations
Sector	Services
Fiscal Year	12/31

OMB Number: 3235-0287
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hours per response..... 0.5

(Print or Type Responses)

[illegible]

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
*If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Explanation of Responses:

- /S/ DAVID A. HANDELSMAN* 6/10/99

* As Authorized Signatory for Lisa A. Payne
**Signature of Reporting Person Date

** 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.

End of Filing

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