Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting I	ssuer			
1 (ssuer's name		2 Issuer's employer identification number (EIN)		
EASTGROUP PROPERTIE		13-2711135		
3 Name of contact for add	ditional information	5 Email address of contact		
BRUCE CORKERN, SR VP	AND CAO			
6 Number and street (or F		7 City, town, or post office, state, and Zip code of contact		
`			,	
190 EAST CAPITOL STREE	ET, SUITE 400	JACKSON, MS 39201-2152		
8 Date of action				
3/28/2013, 6/28/2013, 9/30/2		 	N STOCK	
10 CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)
277 276 101			EGP	
	nal Action Attacl	h additional		e back of form for additional questions.
				e against which shareholders' ownership is measured for
				H DISTRIBUTIONS TO ITS COMMON SHAREHOLDERS
FOR THE 2013 TAX YEAR.	A PORTION OF TH	ESE DISTRIE	BUTIONS REPRESENT A NO	ONTAXABLE RETURN OF CAPITAL. THESE
DISTRIBUTIONS WERE PA				
				y in the hands of a U.S. taxpayer as an adjustment per
		IE BASIS OF	THE SECURITY SHOULD B	E REDUCED BY 9.83832% OF THE TOTAL
DISTRIBUTION RECEIVED				
		•		
46 Danadha tha saladati		!		Atom of the second of the
	•		• • • • • • • • • • • • • • • • • • • •	tion, such as the market values of securities and the
EXCESS OF THE CURREN				CIATED WITH THE 2013 TAX YEAR WHICH ARE IN
EXCESS OF THE CORREN	T TEAR AND ACCO	WOLATED L.	AKMINOS AND I KOITIS.	

Part	П	Organizational Action (continue	d)		· · · · · · · · · · · · · · · · · · ·
17 L	ist the	applicable Internal Revenue Code secti	on(s) and subsection(s) upon whic	h the tax treatment is based ▶	I.R.C. SECTION 301(C)(2).
					<u> </u>
		11			

18 C	lan anv	resulting loss be recognized? ► N/A			
	zan ung	items in the second sec			
				· · · ·	1 20 14 1 1111
19 F	rovide	any other information necessary to imp	lement the adjustment, such as th	e reportable tax year ► N/A	
				_	
				Manufact Court .	
				1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

***************************************	Unde	r penalties of perjury, I declare that I have 9	amined this return, including accompa	anying schedules and statements, a	nd to the best of my knowledge and
	belief	, it is true, correct, and complete. Declaration	í of preparer (other than officer) is base	d on all information of which prepar-	er has any knowledge.
Sign			M		
Here	Signa	iture Mun M	Commence	Date ▶/ 2	24/ /4
	Dulat	PRICE CORKERN		THE CHIEF ACC	COUNTING OFFICER
	Print	your name ► BRUCE CORKERN Print/Type preparer's name	Preparer's signature	Date	PTIN
Paid		The standard a second	, Q		Check [_] if self-employed
Prep		Firm's name		1	Firm's EIN ▶
Use	Only	Firm's address ►			Phone no.
Canal	0 KD0 00	37 (including accompanying statement	a) to Department of the Tressum		