FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* Addy Robert Mark 2. Date of Event Requiring Statement (Month/Day/Year) 04/30/2012					3. Issuer Name and Ticker or Trading Symbol Phillips Edison - ARC Shopping Center REIT Inc. [N/A]							
(Last) 11501 NORTH	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	on(s) to Issue			Amendment, Da hth/Day/Year)	ate of Original Filed	
(Street)					X	Officer (give title below) Chief Operating (Other (spe below) Officer	cify	6. Ind Appli	icable Line)	/Group Filing (Check y One Reporting Person	
CINCINNATI		45249								Form filed by Reporting Po	y More than One erson	
(City)	(State)	(Zip)										
		Т	able I - Non	-Derivat	ive Se	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						3,041.3	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	and 3. Title and Amount of Securities Underlying Derivative Security (Ins			(Instr. 4) Conve		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ R. Mark Addy

04/30/2012

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).