

OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person * <u>RIOCAN REAL ESTATE INVESTMENT TRUST</u> (Last) (First) (Middle) <u>RIOCANYONGE EGLINTON CENTER</u> <u>2300 YONGE ST., SUITE 500, PO BOX 2386</u> (Street) <u>TORONTO, ONTARIO A6 M4P 1E4</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/26/2009	3. Issuer Name and Ticker or Trading Symbol <u>CEDAR SHOPPING CENTERS INC [CDR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person <input checked="" type="checkbox"/>

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Comon Stock	6,666,666	I	By subsidiary--see footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant	10/26/2009	10/26/2011	Common Stock	1,428,570	7	I	By subsidiary --see footnote ⁽²⁾

1. Name and Address of Reporting Person * <u>RIOCAN REAL ESTATE INVESTMENT TRUST</u> (Last) (First) (Middle) <u>RIOCANYONGE EGLINTON CENTER</u> <u>2300 YONGE ST., SUITE 500, PO BOX 2386</u> (Street) <u>TORONTO, ONTARIO A6 M4P 1E4</u> (City) (State) (Zip)

1. Name and Address of Reporting Person * <u>RioCan Holdings USA Inc.</u> (Last) (First) (Middle) <u>RIOCAN YONGE EGLINTON CTR.</u> <u>2300 YONGE ST., #500, POB 2386</u> (Street) <u>TORONTO, ONTARIO A6 M4P 1E4</u> (City) (State) (Zip)

Explanation of Responses:

- RioCan Real Estate Investment Trust indirectly beneficially owns the reported common stock in the issuer through its subsidiary RioCan Holdings USA Inc. This Form 3 is being jointly filed by RioCan Real Estate Investment Trust and RioCan Holdings USA Inc. to report shares of common stock that are indirectly and directly beneficially owned by such reporting persons, respectively.
- RioCan Real Estate Investment Trust indirectly beneficially owns the reported warrant to purchase common stock in the issuer through its subsidiary RioCan Holdings USA Inc. This Form 3 is being jointly filed by RioCan Real Estate Investment Trust and RioCan Holdings USA Inc. to report the warrant to purchase shares of common stock that is indirectly and directly beneficially owned by such reporting persons, respectively.

/s/ Raghunath Davloor, RIOCAN REAL ESTATE INVESTMENT TRUST Senior Vice President and Chief Financial Officer 11/05/2009

/s/ Raghunath Davloor, RIOCAN
HOLDINGS USA INC Senior
Vice President, Chief Financial
Officer and Secretary

11/05/2009

** Signature of Reporting Person

Date

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 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).

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.