FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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Estimated average burden						
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## **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

Schonzer Druge I		2. Date of Event Requiring Statement (Month/Day/Year) 06/15/2011	3. Issuer Name and Ticker or Trading Symbol CEDAR SHOPPING CENTERS INC [ CDR ]					
(Last)	(First)	(Middle)			. Relationship of Reporting Person(s) to Issuer Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person	
44 SOUTH BAYLES AVENUE			X	Director Officer (give title below)	10% Owner Other (specify below)			
(Street) PORT WASHINGTON	NY	11050			President and CEO		Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ,	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock	20,000	D	

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

1. Title of Derivative Security (Instr. 4)	I I		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion	5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	. [ , ,	

Explanation of Responses:

Remarks:

/s/ Bruce J. Schanzer

06/15/2011 \*\* Signature of Reporting Person

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).