FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPF	ROVAL				
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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*  ACKMAN WILLIAM A	2. Date of Event Requiring Statement (Month/Day/Year) 11/09/2010  3. Issuer Name and Ticker or Trading Symbol Howard Hughes Corp [ HHC ]								
(Last) (First) (Middle) C/O PERSHING SQUARE CAPITAL MGMT, L.P.			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
888 SEVENTH AVENUE, 42ND FLOOR			Officer (give title below)	Other (spe below)	, 10.	pplicable Line)	t/Group Filing (Check		
(Street) NEW YORK NY 10019							y More than One		
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
	Table I - Non	-Derivati	ive Securities Beneficia	ly Owned					
1. Title of Security (Instr. 4)	Table I - Non	2.	ive Securities Beneficia  . Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	cṫ (D)   (Ins	lature of Indirect str. 5)	t Beneficial Ownership		
	Table II - D	2. Be	. Amount of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Ins		t Beneficial Ownership		
	Table II - D	Derivative ls, warrar	. Amount of Securities Beneficially Owned (Instr. 4) e Securities Beneficially nts, options, convertible	3. Ownersh Form: Direct or Indirect (Instr. 5)  Owned e securitie	ct (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ William A. Ackman</u> <u>11/09/2010</u>

\*\* 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.

 $<sup>^{\</sup>star}$  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).