FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Res

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN 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 Po GROVE JANET							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below)				
(Last) (First) C/O FEDERATED DEPARTM INC, 7 WEST SEVENTH STR		3. Date of Earliest Transaction (Month/Day/Year) 10/17/2003					Vice Chair				
(Street) CINCINNATI, OH 45202		4. If Amendment, I	Date Origir	nal Fi	led(Month	/Day/Yea	r)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		1 of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock	10/17/2003		Ι		1,906 (<u>1)</u>	D	\$ 46.41	0		By 401(K) Plan	

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

indirectly.

 Persons who respond to the collection of information
 SEC 1474 (9-contained in this form are not required to respond unless
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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	. Nun	nber	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n oi	f		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D)eriva	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	ties			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				А	cquir	ed			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
						Dispos							· · · · · · ·	or Indirect	
						f (D)							Transaction(s)	< /	
						Instr.	· ·						(Instr. 4)	(Instr. 4)	
					4,	, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code V	/ ((A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
GROVE JANET C/O FEDERATED DEPARTMENT STORES INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Vice Chair					

Signatures

/s/Dennis J. Broderick, as attorney-in-fact for Janet Grove pursuant to a Power of Attorney	10/21/2003
-**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(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).

(1) Reflects the withdrawal of the reporting person's balance from her account in the Issuer's 401(k) plan, and derived by dividing the value of the undivided interest of the

reporting person in the applicable investment fund as of October 17, 2003 by \$46.41, the stock price as of such date.

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

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