FORM 4

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

OMB APPRO\	/AL					
OMB Number:	3235-0287					
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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).

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

pe Response	73)															
1. Name and Address of Reporting Person * COLE THOMAS L				2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC /DE/ [FD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O FEDERATED DEPARTMENT STORES INC, 7 WEST SEVENTH STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/22/2004								\	/ice Chair		
(Street) CINCINNATI, OH 45202				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
	(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)			Code (Instr. 8)				osed of	Owned Follow Transaction(s)		ring Reported		Form:	Beneficial	
					y/Year)	Code	. v	Amo		(A) or (D)	Price	(Instr. 3 and 4)			or Indirect	Ownership (Instr. 4)
Stock		03/22/2004				M		2,867	7.59	A :	\$ 0	22,449.15 [©]	Ū		D	
Stock		03/22/2004				F		961	I) [~	21,488.15			D	
Common Stock									2	4,088 (2)			I	By 401(k) Plan		
Report on a	separate line for eac		- Deriva	tive	Securit	ies Acqu	Pers in th disp nired, Di	sons was formulas and second s	m are curr	not re ently v	equired /alid ON ficially C	to respond MB control i	unless the		ned SEC	1474 (9-02)
2	3 Transaction	3A Dagmad	· · · ·	uts, c			_					and Amount	& Price of	0 Number	sf 10	11. Nature
Conversion	ersion Date (Month/Day/Year) of ative	Execution Date, if any	Transaction Code Securit (Instr. 8) Acquir or Disp (D)			tive ies ed (A) oosed of	Expirati	xpiration Date of Month/Day/Year) Se			of Unde Securiti	erlying es		Derivative Securities Beneficially Owned Following Reported Transaction(Ownershi Form of Derivativ Security: Direct (D or Indirects)	of Indirect Beneficial Ownership (Instr. 4)
			Code	V	(A)	(D)	Date Exercisa			tion	Title	Amount or Number of Shares		(msu. +)	(Instr. 4)	
<u>(3)</u>	03/22/2004		M		2,	867.59	03/22/2	2004)3/22	2/2004	Comm Stock	12.867.59	\$ 0	0	D	
	and Address of HOMAS L st) DERATED /EST SEVI NATI, OH ty) Security Security 2. Conversion or Exercise Price of Derivative Security	and Address of Reporting Person-HOMAS L st) (First) DERATED DEPARTMENT /EST SEVENTH STREET (Street) NATI, OH 45202 ty) (State) Security Stock Stock Stock Report on a separate line for each of Exercise (Month/Day/Year) Price of Derivative Security	and Address of Reporting Person *- HOMAS L St) (First) (Middle) DERATED DEPARTMENT STORES //EST SEVENTH STREET (Street) NATI, OH 45202 Security 2. Transaction Date (Month/Day/Year) Stock 03/22/2004 Stock 03/22/2004 Stock 03/22/2004 Stock 1. Stock 1	and Address of Reporting Person 2. Issu HOMAS L FEDE [FD] st) (First) (Middle) 3. Date 03/22/ EST SEVENTH STREET (Street) 4. If An NATI, OH 45202 (State) (Zip) Security 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Stock 03/22/2004 Stock 03/22/2004 Stock 03/22/2004 Stock 03/22/2004 Stock 03/22/2004 Stock 03/22/2004 Table II - Derivative Security (Month/Day/Year) (A Transaction Date or Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Security 1. Stock 1.	and Address of Reporting Person - 2. Issuer N FEDERAT [FD] st) (First) (Middle) (Mi	And Address of Reporting Person BHOMAS L In the Indicator of the Indicator of Person BHOMAS L In the Indicator of Indicator of Person BHOMAS L In the Indicator of Indicator of Person BHOMAS L In the Indicator of Indicator of Person BHOMAS L In the Indicator of In	And Address of Reporting Person 2 HOMAS L Set HOMAS L S	Address of Reporting Person - HOMAS L Code V Code V Code V Code Code	Address of Reporting Person HOMAS L Code V Amount Amount	2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES [FD] 3) (First) (Middle) (Mid	Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC / IED 30	Address of Reporting Person ** HOMAS L Code V Amount Code Amount Code Code	And Address of Reporting Person ** Code V Amount (D) Price	Address of Reporting Person - Address of Reporting Person -	2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC /DE/ FEDERATED DEPARTMENT STORES INC /DE/ FEDERATED DEPARTMENT STORES INC /DE/ STORES // Office (Gree Bite below) STORES // Office (Gree Bite below) Vice Chair Vice Ch	FEDERATED DEPARTMENT STORES Check Check

Describes Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
COLE THOMAS L C/O FEDERATED DEPARTMENT STORES INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Vice Chair				

Signatures

/s/Padma Tatta Cariappa, as attorney-in-fact for Thomas L. Cole pursuant to a Power of Attorney	03/23/2004
—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) Includes 26.56 shares received on March 22, 2004 pursuant to a dividend reinvestment feature of the Issuer's long term incentive plan.
- Reflects matching contributions under the Issuer's 401(k) plan, derived by dividing the value of the undivided interest of the reporting person in the applicable investment fund as of March 22, 2004 by \$48.79, the stock price of such date.
- (3) 1-for-1 conversion.

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.