## FORM 4

## Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)																	
1. Name and Address of Reporting Person *- HOGUET KAREN M				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)						
C/O PEDED ATED DED A DEL CENTE CEODEC			3. Date of Earliest Transaction (Month/Day/Year) 03/22/2004									Senior Vice President and CFO							
			4. If Amendment, Date Original Filed(Month/Day/Year)											up Filing(Che	ck Applicable	Line)			
CINCINNATI, OH 45202													_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip) Table I - Non-Derivative S								Securitie	s Acqui	ired, l	Disposed	of, or Bene	eficially Ow	ned					
1.Title of Security 2. Transaction														5. Amount of Securities Beneficially 6. 7. Nature					
(Instr. 3) Date		Date (Month/Day/Year)	Execution D any (Month/Day		(I	ode nstr. 8)	<u> </u>	· /	Disposed of 3, 4 and 5)	. ,	Owned Following Reported Transaction(s) (Instr. 3 and 4)				Ownership Form: Direct (D)	Benefic	cial ship		
							Code	V	Amoun	· ` ′	Price	(I) (In					(moti.		
Common	Stock		03/22/2004				M		342.7			35,2	252.87	1)		D			
Common	Stock	03/22/2004				F		98	11)	\$ 49.65	35,154.87				D				
Common Stock											780 <sup>(2)</sup>				I	By 401(k) plan	)		
Reminder	Report on a	separate line for each	ch class of securities	s henefici	ally ou	med di	rectly o	or indire	ectly										
Reminder:	Report on a	separate line for each	en class of securities	s beneficia	arry ow	ned di	rectly (	Perso	ons wh	n this for	m are	not r	equired	of inform to respon	d unless t		C 1474 (9	-02)	
			Table II -							of, or Bend		Owr	ned						
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	4. 5. Num f Transaction Code Derivat r) (Instr. 8) Securit Acquir (A) or Dispos (D) (Instr. 3 and 5)			ve es d d of	xpiratio	ration Date th/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ship of I Ber tive Ow (Ins (D) rect	neficia		
				Code	V (A	A) (I		Oate Exercisal		Expiration Date	Title	:	Amount or Number of Shares						
Phantom Stock Units	(3)	03/22/2004		М		342	2.71 0	3/22/2	004 03	3/22/2004	Com Sto	mon ock	342.71	\$ 0	0	D			
Repoi	ting O	wners					-												
	Reporting	g Owner Name / A	ddress	Directo	r 100/	o Owne		Relation	nships			Lot	ther						
HOGUET KAREN M C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202								or Vice President and CFO											
Signa	tures																		
/s/Padma	ı Tatta Car	iappa, as attorney	/-in-fact for Kare	n M. Ho	guet 1	oursua	ant to	a Powe	er of A	ttorney			03/23/20	004					
			**Signature of Repor										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 3.16 shares received March 22, 2004 pursuant to a dividend reinvestment feature of the Issuer's long term incentive plan.
- (2) 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.