# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
stimated average burden						
ours per respons	e 0.5					

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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * CODY THOMAS G  (Last) (First) (Middle) C/O FEDERATED DEPARTMENT STORES, INC., 7 WEST SEVENTH STREET (Street)  CINCINNATI, OH 45202			FEDERATED DEPARTMENT STORES INC /DE/ [FD]  3. Date of Earliest Transaction (Month/Day/Year) 03/24/2004							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  Vice Chair					
										(City	7)	(State)	(Zip)		Tal
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	eemed tion Date, if h/Day/Year	Code (Instr. 8)		(A) or I	Oisposed , 4 and 5 (A) or	1 of (D) 5)	Beneficia Reported	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		03/24/2004			F		411	D	\$ 48.91	40,729.			D	
Common	Stock										959 (1)			I	By 401(k) plan
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	3A. Deemed Execution Da	4. Transaction Code Year) (Instr. 8)		5. Number 6. I of and		d Expiration Date onth/Day/Year)		7. T Am Und Sec	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownersh (Instr. 4)
				_	Code V	(A) (D		e rcisable	Expirati Date	ion Titl	Amount or e Number of Shares				
Repor	ting O	wners													
	Reporting	Owner Nam	e / Address			Relatio	1			1					
Reporting Owner Name / Address  CODY THOMAS G C/O FEDERATED DEPARTMENT STORES, INCOMEST SEVENTH STREET CINCINNATI, OH 45202			Director 1	0% Owner		ce Chai	Other	r							
Signat	tures														

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/s/Padma Tatta Cariappa, as attorney-in-fact for Thomas G. Cody pursuant to a Power of Attorney	03/25/2004
<sup>™</sup> 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 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 24, 2004 by \$48.80, the stock price 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.