FORM 4

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

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

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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * GROVE JANET				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) Director X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O FEDERATED DEPARTMENT STORES INC, 7 WEST SEVENTH STREET			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2004									Vice Chai	r		
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)					
CINCINNATI, OH 45202									_X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City	·)	(State)	(Zip)		Tab	ole I - Non	-Deri	vative S	ecuritie	s Acqui	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Date	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	Amoun	or (D)	Price				(I) (Instr. 4)	(msu. 4)
Common	Stock		11/15/2004			S		1,490 (1)	D	\$ 55.77	17,279.	28		D	
Reminder: indirectly.	Report on a	separate line	for each class of secu	rities benefici	ially o	wned dire	ectly o	r		1					
							cont	ained i	n this f	orm ar	e not rec	ection of ir juired to re	spond un	less	SEC 1474 (9- 02)
							the f	orm dis	splays	a curre	ently vali	d OMB co	ntrol numb	oer.	
				erivative Sec		•		•			•	1			
1. Title of	2.	3. Transactio		g.g., puts, call		5. Numbe					itle and	8. Price of	9. Number	of 10.	11. Natur
Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day	/Year) any	Code Year) (Instr. 8)		of and Derivative (Mo Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date nth/Day/Year)		Und Sec	ount of derlying urities str. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form of Derivation Security Direct (or Indirect)	Ownersh y: (Instr. 4) rect
				Code	V	(A) (D)			Expirati Date	ion Titl	Amount or e Number of Shares				
Renor	·ting ()	wners			1	<u> </u>				I					
теры	ting 0	whers													
Reporting Owner Name / Address			Relationships												
CD OVE	***************************************			Director	10%	6 Owner	Office	er	Other						
GROVE JANET C/O FEDERATED DEPARTMENT STORES IN 7 WEST SEVENTH STREET CINCINNATI, OH 45202			IC			Vice	Chair								
Signa	tures														
/s/Padma	Tatta Cari	anna as att	orney-in-fact for J	anet Grove	nure	uant to a	Pow	er of A	ttornev	,	11	/16/2004			
. o, i adirio	- Juna Cur		**Signature of Rep		Pars	10 u	2 3 11	01.71	y		- 1	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 5 shares received July 15, 2004 which were earned as dividends on shares granted under the Issuer's' long term incentive plan.

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 nu	mber.