

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

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

OMB APPROVAL					
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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

(Fillit of Type Responses)															
1. Name and Address of Reporting Person* KRONICK SUSAN D				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 10% Owner					
C/O FEDERATED D SEVENTH STREET		ENIM AMOREA A MINAM			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2004					X_Officer (give title below)Other (specify below)					
(Street) CINCINNATI, OH 45202			4. If Amendment, Date Original Filed(Month/Day/Year) 11/16/2004						6. Individual or Joint/Group FilingCheck Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(City)	(State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of,				uired, Disposed of, or Benefici	ally Owned						
(Instr. 3) Dat		2. Transaction Date (Month/Day	Year) Execu	eemed ation Date, if th/Day/Year	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of	Beneficial	
				(Won	an/Bay/Tear	Code	V	Amount	(A) or (D)	Price	Price			or Indirect (I) (Instr. 4)	
Common Stock			11/15/200	4		M		18,000	A	\$ 33.125	39,804.71 (1) D			D	
Common Stock 11/15/20			11/15/200	4		S		18,000	D	\$ 56.113	5 21,804.71 E			D	
Reminder: Report on a sep	parate line for each	class of securities ber	neficially owned di	Table II - De	erivative Seg., puts, call	curities Acqui	require	ed to respond	ond unle	ess the form	tion of information contains n displays a currently valid				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	Exercise Date Execcise of (Month/Day/Year) Execcise any (Morth/Day/Year)	3A. Deemed Execution Date, it any (Month/Day/Year	f Code Secu (Instr. 8) Secu		Number of Derivative urities Acquired (A) or posed of (D) str. 3, 4, and 5)		Expiration	Expiration Date Se		le and Amount of Underlying ities . 3 and 4)	Derivative Security (Instr. 5)	Derivative Securities Beneficially	Derivative	Beneficial Ownership
	Security			Code	v	(A)	(D)	Date Exercisa	Expire ble Date	ation Title	Amount or Number of Shares		Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect	(Instr. 4)
Reporting Ow	vners			Code	V	(A)	(D)	Exercisa	ble Date	Title	Amount of Number of Shares		Transaction(s)	(I)	

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
C/O FED 7 WEST	K SUSAN D ERATED DEPARTMENT STORES SEVENTH STREET NATI, OH 45202			Vice Chair			

Signatures

/s/Padma Tatta Cariappa, as attorney-in-fact for Susan D. Kronick pursuant to a Power of Attorney	03/07/2005
"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 6 shares issued July 14, 2004 which were earned as dividends on shares granted under the Issuer's long term incentive plan. The total dividend amount was 8 shares but 2 shares were surrendered to cover tax obligations.

This amended Form 4 is being filed to correct the number of shares the reporting person actually received as a dividend and thus to correct the amount of shares beneficially owned following reported transactions.

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.