FORM 4

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

OMB APPROVAL							
OMB Number: 3235-0287							
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nours per response	0.5						

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 CODY THOMAS G (Last) (First) (Middle) C/O FEDERATED DEPARTMENT STORES, INC., 7 WEST SEVENTH STREET				2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC /DE/ [FD] 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2005							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)						
											Vice Chair						
		(Street)		4. If Ame	ndment, I	Date O	rigin	al Filed(M	onth/Da	y/Year)					oup Filing(Chec	ck Applicable Lin	e)
CINCINNATI, OH 45202										_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Cit	y)	(State)	(Zip)		Т	able I	- No	on-Deriva	tive S	ecurities	Acqui	ired,	Disposed	l of, or Ben	eficially Owi	1ed	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		(A	4. Securities Acquired (A) or Disposed of (E) (Instr. 3, 4 and 5)						ted [Ownership o Form: B	eneficial wnership	
						Co	ode	V A	mount	(A) or (D)	Price					(I) (Instr. 4)	
Common	Stock											1,06	51 (1)		1		by 01(K) lan
															l l		
Reminder:	Report on a	separate line for ea	ch class of securitie	s beneficia	ally owne	d direc	etly o	Persons contain	who	this for	m are	not	required	of inform to respon ontrol num	nd unless tl		74 (9-02)
			Table II -									y Ow	ned				
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transac Code	5. N of Deri Secu Acq (A) Disp (D) (Inst	5. Number of Derivative Securities Acquired (A) or Disposed of					7. Title ar Amount c Underlyir Securities (Instr. 3 a		; ;		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	
				Code	V (A) a		oate xercisable		ration	Title		Amount or Number of Shares				
Option to Purchase Common Stock	·	03/25/2005		A	32,5		5)	<u>(2)</u>	03/2	25/2015	Com			\$ 0	32,500	D	
Repor	rting O	wners															
	Reporting	Owner Name / A	ddross		R	elation	ıship	os									
Reporting Owner Name / Address CODY THOMAS G C/O FEDERATED DEPARTMENT STORES, INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202				Director	r 10% O	wner	Vie	icer ce Chair	Othe	er							
Signa	tures																
/s/Padma	Tatta Cari	iappa, as attorney	y-in-fact for Tho	mas G. C	ody pur	suant	to a	Power of	of Att	orney			03/28/2	005			
			**Signature of Repor									F	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, 2005 by \$61.07, the stock price of such date.

(2) Grant to reoprting person of options to purchase 32,500 shares of common stock under the Issuer's 1995 Executive Equity Incentive Plan. The options become exercisable in 25 percent increments on March 25, 2006, March 25, 2007, March 25, 2008 and March 25, 2009, respectively.

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.