FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| ours per response | | | | | | | |

06/03/2005 Date

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 * BRODERICK DENNIS J | | | | | 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) | | | | | |
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2005 Sr.VP, Secretary & Gen.Counsel | | | | | | | | | | | | |
| (Street) CINCINNATI, OH 45202 | | | | 4. | _X_Form | | | | | | | _X_ Form fil | dual or Joint/Group Filing(Check Applicable Line) filed by One Reporting Person filed by More than One Reporting Person | | | | |
| (City | y) | (State) | (Zip | p) | | Tab | le I - Non | -Deri | ivative S | ecuritie | s Acqui | ired, Disp | osed of, or | Beneficially | Owned | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transact Date (Month/Da | Ex ny/Year) any | a. Deemed ecution Date y Ionth/Day/Yo | | 3. Transac Code (Instr. 8) | v | (A) or I | (A) or | of (D) | 5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4) | | Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | 06/01/20 | 05 | | | F | | 2,766 | D | \$ 67.45 | 5,462 (1 |) | | D | | |
| Common | Stock | | | | | | | | | | | 487 (2) | | | I | By 401(K) Plan | |
| Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/\footnote{\text{O}} | any 3A. I | (e.g., | puts, calls, warrants, op 4. 5. Number if Transaction of Code Derivative | | | and Expiration Date (Month/Day/Year) Sec (In: 4) | | | | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownershi Form of Derivative Security: Direct (D) or Indirect | ive Ownershi y: (Instr. 4) (ED) ect | | |
| | | | | | Code | | (A) (D) | Dat Exe | e ercisable | Expirati Date | on Titl | Amount or e Number of Shares | | | | | |
| Repoi | rting O | wners | | | | | | | | | | | | | | | |
| | Reporting Owner Name / Address | | | | Relationships | | | | | | | | | | | | |
| BRODERICK DENNIS J C/O FEDERATED DEPARTMENT STORES, INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202 | | | Director 2. | 10 | % Owner | Sr.VP, Secretary & Gen.Counsel | | | | | Other | | | | | | |
| Signa | tures | | | | | | | | | | | | | | | | |

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).

/s/Padma Tatta Cariappa, as attorney-in-fact for Dennis J. Broderick pursuant to a Power of Attorney

**Signature of Reporting Person

- (1) Fractional share of .67 previously reported was paid out in cash pursuant to 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 June 1, 2005 by \$67.70, 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.