FORM 4	4
--------	---

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 OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of TYSOE RONALD V	2. Issuer Name FEDERATED /DE/ [FD]			0,			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) C/O FEDERATED I INC., 7 WEST SEV	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2006						Vice Char	L			
CINCINNATI, OH 4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Cheek Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Та	ble I - Non	-Dei	red, Disposed of, or Beneficially	Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	•	Code (Instr. 8)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		02/28/2006		S		22,979	D	\$ 70.9256	0	D	
Common Stock									331 (1)	Ι	By 401(k) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Numb	ber 6	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	ı of	of and Exp		and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	Derivative (Month/Day/Year) U		Underlying Secu		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	curities		Securities (Inst		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				Ac	quire	d			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A) or				4)			Following	Direct (D)	
					Di	spose	d						Reported	or Indirect	
					of (D)							Transaction(s)	(I)		
					(In	(Instr. 3,						(Instr. 4)	(Instr. 4)		
					4, and 5))								
											Amount				
								Date	Emination		or				
								Exercisable	Expiration Date	Title	Number				
							1	Exercisable	Date		of				
				Code V	(A	A) (I	D)				Shares				

Reporting Owners

Densetter Orner News (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TYSOE RONALD W C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Vice Chair				

Signatures

/s/Padma Tatta Cariappa, as attorney-in-fact for Ronald W. Tysoe pursuant to a Power of Attorney 03/02/2006

----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 1, 2006 by \$71.07, 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.