FORM	4
Check this box	if no

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

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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

(Print or Ty	pe Response	s)														
1. Name an HOGUET		2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC /DE/ [FD]							/DE/	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner X Officer (give title below) Other (specify below)						
	ERATED	(First) DEPARTMENT ENTH STREET	GTODEG	3. Date of 03/24/20		iest Tra	nsacti	on (Mo	onth/D	ay/Year)			Executive V	Vice Presider	at & CFO	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
CINCINN (City	NATI, OH	(State)	(Zip)													
		(State)		I						ive Securities						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/2		te, if Code (Instr.		(A		Securities Acq ) or Disposed ( str. 3, 4 and 5)	of (D) C ) T	wned Follo ransaction(s	/		Ownership Form:	. Nature f Indirect Beneficial Ownership	
				(wonur)	Day	r car)	Cod	e N	V An	(A) or nount (D)			•)		or Indirect (I) (I) (Instr. 4)	
Common	Stock										1	,113 <u>(1)</u>			I 4	By 01(k) Plan
1. Title of Derivative 2. 3. Transaction   Security Conversion Date   vor Exercise (Month/Day   Price of Derivative Security Price of			3A. Deemed Execution Date, if	(e.g., puts, call 4. Transaction Code		<b>lls, warrants,</b> 5. Number		Expiration Date Amou (Month/Day/Year) Unde Secur (Instr			eficially	Owned and t of ring es	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (E or Indirec	(Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Number of Shares				
Option to Purchase Common Stock		03/24/2006		A		19,485		(	<u>(2)</u>	03/24/2016	Comm Stocl	on 19 485	\$ 0	19,485	D	
Phantom Stock Units	<u>(3)</u>	03/24/2006		А		5,748		(	<u>(4)</u>	<u>(4)</u>	Comm Stocl	5 748	\$ 0	18,031	D	
Phantom											1		1			

# **Reporting Owners**

ĺ	Reporting Owner Name / Address		Relationships						
			10% Owner	Officer	Other				
	HOGUET KAREN M C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Executive Vice President & CFO					

## Signatures

/s/Padma Tatta Cariappa, as attorney-in-fact for Karen M. Hoguet pursuant to a Power of Attorney	03/28/2006	
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 24, 2006 by \$71.65, the stock price of such date.
- (2) Grant to reporting person of options to purchase 19,485 shares of common stock under the Issuer's 1995 Executive Equity Incentive Plan. The options become exercisable in 25% increments on March 24, 2007, March 24, 2008, March 24, 2009 and March 24, 2010.

(3) 1-for-1 conversion.

(4) The value of the phantom stock units will be payable in cash as follows: 50% on February 4, 2008 and 50% on February 2, 2009.

(5) The value of the phantom stock units will be payable in cash as follows: 50% on February 1, 2010 and 50% on January 31, 2011.

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.