## FORM 4

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

OMB APPF	ROVAL
OMB Number:	3235-0287
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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 * COLE THOMAS L					2. Issuer Name <b>and</b> 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)						
C/O FEDERATED DEDARENTE CEOREC					3. Date of Earliest Transaction (Month/Day/Year) 04/26/2006											Vice Chai	r				
(Street)						4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line)						
CINCINNATI, OH 45202														_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City	7)	(State)		(Zip)	Table I - Non-Derivative Securities Acqui										ed, Disp	osed of, or	Beneficially	Owned			
(Instr. 3)		Date	th/Day/Year)	Execu any	eemed ation Dat th/Day/Y		e, if Code (Instr. 8)		(,	A. Securities Acqui A) or Disposed of Instr. 3, 4 and 5)		of (1 5)	(D) Beneficia		Transaction	Ownership Form: E Direct (D) or Indirect (I)		Nature Indirect neficial vnership str. 4)			
Common Stock 04/26/20			6/2006	Code			e V		Amount	. ,	Prio \$ 77.1		1,439 <u>(2</u>	)		(Instr. 4)	By 40 Pla	1(k)			
Reminder: indirectly.	Report on a	separate line	for eacl	h class of secu	ırities 1	beneficia	ally o	owned d	irectly	y or											
Persons who respond to the collection of information SEC 1474 (9-contained in this form are not required to respond unless 02) the form displays a currently valid OMB control number.													,								
				Table II - D		tive Sec									Owned	ſ					
1. Title of Derivative Security (Instr. 3)	Conversion		Year) E	3A. Deemed Execution Da any	ite, if	4. Transaction Code (Instr. 8)		5. Num	ber 6. an ive (Nes ed	S		cisable on Date	te Am Und Sec		le and int of rlying ities . 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of ative ity:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	(A) (I		ate xerc		Expirat Date	ion T	Γitle	Amount or Number of Shares						
Repor	ting O	wners							•		·		_					,			
					Ī			Relatio	onshi	ps											
Reporting Owner Name / Address					Г				000	Officer Other											
COLE THOMAS L C/O FEDERATED DEPARTMENT STORES IN 7 WEST SEVENTH STREET CINCINNATI, OH 45202					IC .				Vi	ice (	Chair										
Signa	tures																				
/s/Padma	Tatta Cari	iappa, as att	orney	-in-fact for T	Гһот	as L. C	ole	pursua	nt to	a Po	ower o	of Atto	rney	7		04/28/20	06				
				**Signature of 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 the increase of the reporting person's balance in his account in the Issuer's 401(k) plan, and derived by dividing the increase in the value of the undvided interest of the reporting person in the applicable investment fund as of April 26, 2006 by \$77.19, the stock price as of such date.

(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 April 26, 2006 by \$77.19, 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.