Washington, D.C. 20549

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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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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)																
Name and Address of Reporting Person – COLE THOMAS L				2. Issuer Name and Ticker or Trading Symbol FEDERATED DEPARTMENT STORES INC /DE/									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle)				[FD]									X Officer (give title below) Other (specify below) Vice Chair					
C/O FEDERATED DEPARTMENT STORES INC, 7 WEST SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/23/2007														
(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					
CINCINNATI, OH 45202 (City) (State) (Zip)																		
		(State)	(Zip)													eficially Ov		T
1. Title of Security (2. Transaction Date (Month/Day/Y			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			1				6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
				(IVIOII		,, 1 0)	C	ode	V	Amount	(A) or (D)	Price	or India (I)		or Indirect			
Common	Stock												8,949 (1) I		I	By 401(k) Plan		
Reminder:	Report on a	separate line for eac	h class of securitie	es benefi	cially	owned	direc		Person contail	s who	this for	m are	not	required	of inform to respond	nd unless		1474 (9-02)
			Table II -								, or Bene ole secur		y Ow	ned				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, i) any (Month/Day/Year	f Transaction of Code Der (Instr. 8) Sec Acc (A) Dis (D) (Instr. 8)		n of Deriv Secur Acqu (A) o Dispo (D) (Instr	ivative urities juired or posed of tr. 3, 4,		6. Date Exercisab Expiration Date (Month/Day/Year		r) Amor Unde Secur		ount of			9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct (or India	f Benefic Owners (y: (Instr. 4
				Cod	e V	and 5		Da Ex	ate tercisab		ration	Title		Amount or Number of Shares				
Options to Purchase Common Stock	*	03/23/2007		A		29,4	44		(2)	03/2	23/2017	Com Sto		29,444	\$ 0	29,444	D	
Repor	ting O	wners			_													_
Panarting Own / Name / Addison					Relationshi				hips									
Reporting Owner Name / Address			uress	Directo	r 10	0% Owi	ner (Office	r	Other								
COLE THOMAS L C/O FEDERATED DEPARTMENT STORES INC 7 WEST SEVENTH STREET CINCINNATI, OH 45202						V		Vice	ice Chair									
Signa	tures																	
/s/Christo	opher M. K	Lelly, as attorney-	in-fact for Thor	nas L.	Cole	pursu	ant to	o a P	ower o	f Atto	rney		0	3/27/20	07			
	•		**Signature of Report											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 23, 2007 by \$46.51, the stock price of such date.

(2) Grant to reporting person of options to purchase 29,444 shares of common stock under the Issuer's 1995 Executive Equity Incentive Plan. The options become exercisable in 25% increments on March 23, 2008, March 23, 2009, March 23, 2010 and March 23, 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.