Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average burden									
hours per response	0.								

## 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 and Address of Reporting Person *- GROVE JANET					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)					
(Last) (First) (Middle) C/O FEDERATED DEPARTMENT STORES INC, 7 WEST SEVENTH STREET  (Street)  CINCINNATI, OH 45202				3. Date of Earliest Transaction (Month/Day/Year) 03/23/2007									Vice Chair						
												_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit	у)	(State)	(Zip)			Ta	ble I -	Non-I	Deriva	tive S	ecurities	Acquired,	Disposed	l of, or Ben	eficially Ow	ned			
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				2A. Deemed Execution D any (Month/Day		ate, if	3. Transaction Code (Instr. 8)		(A	4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Own	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		red	6. Ownership Form: Direct (D) or Indirect	Bene Owne	direct eficial ership	
						Cod	de .	V Aı	(A) or Amount (D)		Price				(I) (Instr. 4)	(Instr. 4)			
Common	Stock								7 111	nount	(D)	453	(1)			I	By 401( Plan		
Reminder:	Report on a	separate line for each	ch class of securitie	s benefici	ally	owned	directl	Pe co	rsons ntaine	who	this for	m are not	required	of inform to respoi	nd unless t		1474	(9-02)	
			Table II -										vned						
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number		6. Date Exe Expiration I (Month/Day				7. Title and Amount of Underlying Securities (Instr. 3 ar	f g		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Owner (Instr. 4	f Indir Benefic Owners	
				Code	v	(A)	(D)		cisable		ration	Title	Amount or Number of Shares						
Options to Purchase Common Stock		03/23/2007		A		29,44			<u>(2)</u>	03/2	3/2017	Common Stock	29,444	\$ 0	29,444	D			
Repor	ting O	wners																	
			Relationships																
Reporting Owner Name / Address				Director	109	% Own		fficer		Other									
GROVE . C/O FED	STORES INC					r: C'													

# **Signatures**

7 WEST SEVENTH STREET CINCINNATI, OH 45202

/s/Christopher M. Kelly, as attorney-in-fact for Janet Grove pursuant to a Power of Attorney	03/27/2007		
**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 23, 2007 by \$46.51, the stock price of such date.

Vice Chair

(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.