FEDEX CORP
Reported by
MANATT CHARLES T

FORM 3
(Initial Statement of Beneficial Ownership)

Filed 09/28/04 for the Period Ending 09/27/04

Address 942 SOUTH SHADY GROVE ROAD
MEMPHIS, TN 38120-
Telephone 9018187500
CIK 0001048911
Symbol FDX
SIC Code 4513 - Air Courier Services
Industry Air Courier
Sector Transportation
Fiscal Year 05/31
1. Name and Address of Reporting Person *

**MANATT CHARLES T**

(700 12TH STREET, NW, SUITE 1100, ONE METRO CENTER)

WASHINGTON, DC 20005-4075

2. Date of Event Requiring Statement

**9/27/2004**

3. Issuer Name and Ticker or Trading Symbol

**FEDEX CORP [FDX]**

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)

- **X** Director
- ____ 10% Owner
- ____ Officer (give title below)
- ____ Other (specify below)

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security</th>
<th>2. Amount of Securities Beneficially Owned</th>
<th>3. Ownership Form: Direct (D) or Indirect (I)</th>
<th>4. Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>5000</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td>Conversion or Exercise Price</td>
</tr>
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</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MANATT CHARLES T</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>700 12TH STREET, NW, SUITE 1100</td>
<td></td>
</tr>
<tr>
<td>ONE METRO CENTER</td>
<td></td>
</tr>
<tr>
<td>WASHINGTON, DC 20005-4075</td>
<td></td>
</tr>
</tbody>
</table>
Signatures
** Signature of Reporting Person Date
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.
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.