FEDEX CORP
Reported by
STEINER DAVID P

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 09/24/13 for the Period Ending 09/23/13

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

## 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

1. Name and Address of Reporting Person *
   STEINER DAVID P
   (Last) (First) (Middle)
   1001 FANNIN, SUITE 4000
   HOUSTON, TX 77002
2. Issuer Name and Ticker or Trading Symbol
   FEDEX CORP [ FDX ]
3. Date of Earliest Transaction (MM/DD/YYYY)
   9/23/2013
4. If Amendment, Date Original Filed
   
5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   __ X Director
   _____ 10% Owner
   _____ Officer (give title below)
   _____ Other (specify below)

<table>
<thead>
<tr>
<th>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title of Security (Instr. 3)</td>
</tr>
<tr>
<td>Stock Option (Right to Buy)</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) These options first exercisable one year from date of grant.

## Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEINER DAVID P</td>
<td>Director 10% Owner Other</td>
</tr>
<tr>
<td>1001 FANNIN, SUITE 4000</td>
<td></td>
</tr>
<tr>
<td>HOUSTON, TX 77002</td>
<td>X</td>
</tr>
</tbody>
</table>

Signatures

/s/ David P. Steiner 9/23/2013

** 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 4(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.