

FEDEX CORP Reported by LOVEMAN GARY W

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/25/12 for the Period Ending 09/24/12

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





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | 2. Is | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|----------|---------------------------------|---------------------------------|-------------------|--|--|---|------------------|---|--|---|---|--|--|--|----------|
| LOVEMAN GA | ARY W | | | FE | Dl | EX COR | P [F | 'DX] | | | | | | | | |
| (Last) | (First) | (Midd | lle) | 3. D | ate | e of Earlies | t Tran | saction | n (M | M/DD/YYY | YY) | X Director | | | 10% Owner | |
| ONE CAESAR | 'S PAL | ACE DI | RIVE | | | | 9/2 | 24/201 | 12 | | | Officer (give | title below) | (| Other (specif | y below) |
| | (Street) | | | 4. If | A | mendment | , Date | Origin | nal F | iled (MM | /DD/YYYY | 6. Individual or Line) | r Joint/G1 | oup Filing | g (Check Ap | plicable |
| LAS VEGAS, N | IV 8910 | 9 | | | | | | | | | | X _ Form filed by | One Pener | ting Dorson | | |
| (City) | (State) | (Zip) | | | | | | | | | | Form filed by N | | | Person | |
| | | Tal | ble I - No | n-Deriv | ati | ive Securit | ies Ac | cquirec | d, D | isposed | of, or Be | neficially Owne | ed | | | |
| 1.Title of Security (Instr. 3) | | | | 2. Trans. Date | i | 2A. Deemed Execution Date, if any | 3. Tran Code (Instr. 8 | 8) I | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Following Reported Transaction(s) Ownership Form: Benef Direct (D) Ownership of Ind Benef Direct (D) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | Table II | - Derivat | ive Secur | ities Be | ne | ficially Ov | Code | | | . , | I | , options, conve | rtible sec | curities) | (4) | |
| (Instr. 3) or Exercise Exec | | Deemed Execution Date, if | 4. Trans. Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction (s) (Instr. 4) | (I) (Instr. 4) | |
| Stock Option (Right to Buy) | \$84.71 | 9/24/2012 | | A | | 4720 | | (1) |) | 9/24/2022 | Common Stock | 4720 | \$0 | 4720 | D | |

Explanation of Responses:

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

Reporting Owners

| reporting owners | | | | | | | | |
|----------------------------------|---------------|-----|-------|---------|-------|--|--|--|
| Demonting Overnor Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director | 10% | Owner | Officer | Other | | | |
| LOVEMAN GARY W | | | | | | | | |
| ONE CAESAR'S PALACE DRIVE | X | | | | | | | |
| LAS VEGAS, NV 89109 | | | | | | | | |

Signatures

/s/Gary W. Loveman 9/24/2012

** 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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.