FEDEX CORP
Reported by
JACKSON SHIRLEY A

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
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 *

JACKSON SHIRLEY A
110 8TH STREET
TROY, NY 12180

2. Issuer Name and Ticker or Trading Symbol

FEDEX CORP [ FDX ]

5. Relationship of Reporting Person(s) to Issuer

_X__ Director

10% Owner

Officer (give title below)

Other (specify below)

3. Date of Earliest Transaction (MM/DD/YYYY)

9/23/2013

6. Individual or Joint/Group Filing (Check Applicable Line)

_X__ Form filed by One Reporting Person

Form filed by More than One Reporting Person

1. Title of Security (Instr. 3)

Stock Option (Right to Buy)

3. Trans. Date

9/23/2013

4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)

A

5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

3700

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

D

7. Nature of Indirect Beneficial Ownership (Instr. 4)

V

8. Price of Derivative Security (Instr. 5)

$115.06

9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)

3700

10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)

D

11. Nature of Indirect Beneficial Ownership (Instr. 4)

V

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

Reporting Owners

Reporting Owner Name / Address

Relationships

JACKSON SHIRLEY A
110 8TH STREET
TROY, NY 12180

_X__ Director

Signature of Reporting Person Date

/s/Shirley A. Jackson 9/23/2013

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.