FEDEX CORP
Reported by
BRONCZEK DAVID J

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/10/09 for the Period Ending 06/08/09

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
Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**Table I - Non-Derivative Securities Acquired, Disposed of, or Benefit y owned**

<table>
<thead>
<tr>
<th>1. Title of Security</th>
<th>2. Trans. Date</th>
<th>3. Trans. Code</th>
<th>4. Securities Acquired or Disposed of</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/8/2009</td>
<td>A</td>
<td>17135</td>
<td>101518</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Beneficially Owned**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-qualified Stock Option</td>
<td>$56.31</td>
<td>6/8/2009</td>
<td>A</td>
<td>46555</td>
<td>(t)</td>
<td>6/8/2019</td>
<td>Common Stock</td>
<td>46555</td>
<td>0</td>
<td>46555</td>
<td>D</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>BRONCZEK DAVID J</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>10% Owner</td>
</tr>
<tr>
<td>BRONCZEK DAVID J</td>
<td>Officer</td>
</tr>
<tr>
<td>MEMPHIS, TN 38125</td>
<td>President/CEO/FedEx Express</td>
</tr>
</tbody>
</table>
Signatures


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.