FEDEX CORP
Reported by EDWARDSON JOHN A

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/20/08 for the Period Ending 06/19/08

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

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, 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 *
   EDWARDSON JOHN A
   200 N. MILWAUKEE AVENUE
   VERNON HILLS, IL 60061

2. Issuer Name and Ticker or Trading Symbol
   FEDEX CORP [ FDX ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   6/19/2008

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   __ X __ Director
   ___ 10% Owner
   ____ Officer (give title below)
   ____ Other (specify below)

4. If Amendment, Date Original Filed (MM/DD/YYYY)

8. Individual or Joint/Group Filing (Check Applicable Line)
   __ X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Common Stock
6/19/2008 P 800 A $81.0876 3050 D
Common Stock
6/19/2008 P 1700 A $81.09 4750 D

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address
EDWARDSON JOHN A
200 N. MILWAUKEE AVENUE
VERNON HILLS, IL 60061

Relationships
Director 10% Owner Officer Other

X

Signatures

JohnA.Edwardson 6/20/2008

** Signature of Reporting Person

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.