FEDEX CORP
Reported by
LOVEMAN GARY W

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 09/30/14 for the Period Ending 09/29/14

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *

   LOVEMAN GARY W
   (Last)   (First)   (Middle)
   ONE CAESAR'S PALACE DRIVE
   LAS VEGAS, NV 89109

2. Issuer Name and Ticker or Trading Symbol

   FEDEX CORP [ FDX ]

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

   9/29/2014

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

   

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

   __ Director
   ____ 10% Owner
   _____ Officer (give title below)
   _____ Other (specify below)

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

   X, Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>9/29/2014</td>
<td>A</td>
<td>2535</td>
<td>9/29/2024</td>
<td>Common Stock</td>
<td>2535</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>LOVEMAN GARY W</td>
<td>Director</td>
</tr>
<tr>
<td>ONE CAESAR'S PALACE DRIVE</td>
<td>10% Owner</td>
</tr>
<tr>
<td>LAS VEGAS, NV 89109</td>
<td>Officer</td>
</tr>
</tbody>
</table>

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**Signatures**

/s/Gary W. Loveman 9/29/2014

**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.