

# FEDEX CORP Reported by HUDSON JAMES S

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 08/18/03 for the Period Ending 08/14/03

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

#### FEDEX CORP

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 8/18/2003 For Period Ending 8/14/2003

Address 942 SOUTH SHADY GROVE ROAD

MEMPHIS, Tennessee 38120-

Telephone 901-818-7500

CIK 0001048911
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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
HUDSON JA	MES S				FED	EX CC	) <b>RP</b> []	FΙ	OX ]								
(Last)	(First)		(Middle)		5. Date of Earnest Transaction							Direct		_	10% O	wner	
					(MM/DD/YYYY)								X Officer (give title below) Other (specify				
942 S SHAD	Y GROV	VE R	<b>ED</b>				8/14	<b>1/2</b>	2003				below) CVP STRAT FINANCIAL P&A  6. Individual or Joint/Group Filing (Check Applicable Line)				
	(Street)					Amendme D/YYYY)	ent, Date	e C	Original	File	ed						
MEMPHIS,	TN 3812	20															
(City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1.Title of Security		Tak	ole I - Noi	2. 7	Γrans.	2A.	3. Trans.	_	4. Securi	ties		5. Amou	Beneficiall	es Beneficia	lly Owned	6.	7. Nature
(Instr. 3)				Dat	Date	Deemed Execution Date, if any	Code (Instr. 8)		Acquired Disposed (Instr. 3,	of (	of (D) (Instr. 3		ng Reported Transaction(s) and 4)			Direct (D)	Beneficial Ownership
							Code	v	Amount	(A) or (D)	Pric	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	Common Stock 8			8/1	4/2003		A		3308	A	\$0		42308			D	
Common Stock													1	136		I	by Spouse
Common Stock													6	510		I	retirement plan
Ta	ble II - De	rivat	ive Secur	ities E	Benefi	cially O	wned ( a	e <b>.g</b> .	. , puts	cal	lls,	warran	ts, options	s, convert	ible secui	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Se Date	AA. Deemed Execution Date, if any	4. Trans. Code	5. Nu Deriv Secur Acqu Dispo	mber of ative	6. Date Exercisable and Expiration Date			7. Sec	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		nt of 8. Price of Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	(A)	(D)	Date Exercisab		Expiration Date	Tit		mount or l	Transaction (s) (Instr. 4)		4)		

#### **Explanation of Responses:**

Reporting Owners									
Domontino Orrman Nama /	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
HUDSON JAMES S 942 S SHADY GROVE RD MEMPHIS, TN 38120			CVP STRAT FINANCIAL P&A						

Signatures
JAMES S.
HUDSON

8/14/2003

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).

<sup>\*\*</sup> Signature of Reporting
Person

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.

#### **End of Filing**



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