

# FEDEX CORP Reported by SCHWAB SUSAN C

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 09/27/11 for the Period Ending 09/26/11

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



] 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

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHWAB SU	SAN C			F	ΈI	DEX C	OR	<b>P</b> [	<b>F</b>	DX	]									
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							DD/YYYY	Y) -	X Director 10% Owner						
					0/2//2011									_ b	Officer (give title below) Other (specify below)					
4 MARKET QUAY					9/26/2011															
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								ed		6. Individual or Joint/Group Filing (Check Applicable Line)					
ANNAPOLIS	, MD 21	401					,								Tr	,				
(City) (State) (Zip)															_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table I	[ - Non-]	Deriv	ati	ve Secui	rities	s Ac	cqu	uired	l, Di	spo	sed of,	or Be	neficiall	y Owned				
			2. Tra Date	ns.			ode nstr. 8)		(A) or	E. Securities Acq A) or Disposed of Instr. 3, 4 and 5)		of (D) Fo			t of Securities Beneficially Owned g Reported Transaction(s) nd 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Cod	de	V	Amou	nt (D		Price					(I) (Instr. 4)		
Common Stock 9/2				9/27/2	P 140 A \$71.196 2914 (1)					D										
Tab	le II - Dei	rivative	Securiti	es Be	nef	ficially (	Owne	e <b>d</b> (	( e.g	g. , p	outs,	ca	lls, war	rants	, options	, convert	ible secur	rities)	,	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	Trans. Code (Instr. 8)		5. Number Derivative Securities Acquired (ADISPOSED OF COMPANIE) (Instr. 3, 4	A) or of (D)	and Expiration or (D)			ion Date		7. Title and An Securities Und Derivative Sec (Instr. 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)		Date Exe		able l	Expira Date	tior	Title		unt or ber of es		Transaction (s) (Instr. 4)	4)		
Stock Option (Right to Buy)	\$68.765	9/26/2011		A		5970			(2)	) [	9/26/2	021	Commor Stock	n	5970	\$ 0	5970	D		

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

- (1) Ownership has been adjusted to reflect dividend paid to all holders of record.
- (2) These options first exercisable one year from date of grant.

**Reporting Owners** 

Paperting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other				
SCHWAB SUSAN C									
4 MARKET QUAY	X								
ANNAPOLIS, MD 21401									

#### **Signatures**

/s/Susan C. Schwab

9/27/2011

<sup>\*\*</sup> 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).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.