

# FEDEX CORP Reported by MAY KENNETH A

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 05/11/07 for the Period Ending 05/10/07

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

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(Statement of Changes in Beneficial Ownership)

#### Filed 5/11/2007 For Period Ending 5/10/2007

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 *												5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
May Kenneth	ı A				FED	EX CO	)RP [	FI	DX ]								
(Last) (First) (Middle)					3. Dat	te of Earl	iest Tr	ans	action (	MM/	/DD	Director 10% Owner					
														cer (give title	e below)	Othe	er (specify
13155 NOEL ROAD, SUITE							5/1	0/2	2007			below) President/CEO/FedEx Kinko's					
1600, THREE GALLERIA TOWER														CLOTI	ula imi	KO B	
(Street)					4. If Amendment, Date Original Filed								6. Individual or Joint/Group Filing (Check Applicable Line)				
DALLAS, TX	75240																
(City) (State) (Zip)													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)		(Zip)										Form file	ed by More t	han One Rep	orting Perso	n
		Tab	ole I - Non	-Der	ivativ	e Securi	ties Ac	qui	ired, D	ispo	se	d of, or l	Beneficiall	y Owned			
			2. T	Γrans. te	2A. Deemed Execution Date, if	3. Trans Code (Instr. 8		4. Securi Acquired Disposed (Instr. 3,	l (A) l of ( 4 an	(A) or of (D) (Instr. 3		ant of Securities Beneficially Owneding Reported Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
						any	Code	v	Amount	(A) or (D)	Pri	ce				(I) (Instr. 4)	(IIIstr. 4)
Common Stock 5/2					10/2007		G	v	830	D	\$0	)	21113		D		
Common Stock													174			I	retirement plan
Tal	ole II - De	rivati	ive Securi	ties I	Benefi	cially O	wned (	e.9	, , puts	. ca	lls.	warran	ts, options	. convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. 3A. Deem Date Execu	3A. Deemed TExecution Date, if		5. Nu Deriv Secur Acqu Dispo	mber of ative	6. Date Exercisable and Expiration Date			7. Se De (Ir	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		unt of ying ty	nt of 8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	(A)	(D)	Date Exercisa	ble	Expiratio Date	n Ti		Amount or Shares	Number of		(s) (Instr. 4)		

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

**Reporting Owners** 

reporting 6 where										
Danastina Ovyman Nama / Adduses	Relationships									
Reporting Owner Name / Address	Director	10% Owne	rOfficer	Other						
May Kenneth A 13155 NOEL ROAD, SUITE 1600			President/CEO/FedEx Kinko's	,						
THREE GALLERIA TOWER DALLAS, TX 75240			r resident CEO/FedEx Kinko s							

#### **Signatures**

Kenneth A. May 5/10/2007

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.