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 –
BARKSDALE JAMES L
800 WOODLANDS PARKWAY, SUITE 118
RIDGELAND, MS 39157

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

3. Date of Earliest Transaction (MM/DD/YYYY)
9/25/2017

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
__X__ Director
_____ 10% Owner
_____ Officer (give title below)
_____ Other (specify below)

6. Individual or Joint/Group Filing
__X__ Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>9/25/2017</td>
<td>A</td>
<td>3015</td>
<td>Common Stock</td>
<td>3015</td>
<td>$0</td>
</tr>
</tbody>
</table>

Stock Option $219.26 9/25/2017 A 3015 (1) 9/25/2027 Common Stock 3015 $0 3015 D

Explanation of Responses:
(1) These options first exercisable one year from date of grant.

Reporting Owners

Reporting Owner Name / Address
BARKSDALE JAMES L
800 WOODLANDS PARKWAY
SUITE 118
RIDGELAND, MS 39157

Relationships
Director 10% Owner Officer Other
X

Signatures
/s/ James L. Barksdale 9/25/2017
** 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.