1. Name and Address of Reporting Person 

GRAF ALAN B JR
942 SOUTH SHADY GROVE ROAD
MEMPHIS, TN 38120

2. Issuer Name and Ticker or Trading Symbol

FEDEX CORP [ FDX ]

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

6/15/2020

5. Relationship of Reporting Person(s) to Issuer

_____ Director
_____ 10% Owner
X Officer (give title below)
_____ Other (specify below)
EVP CHIEF FINANCIAL OFF

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/15/2020</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7540</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A</td>
</tr>
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<td></td>
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<td>S0</td>
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<tr>
<td></td>
<td></td>
<td>189761</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-qualified Stock Option</td>
<td>6/15/2020</td>
<td>A</td>
</tr>
<tr>
<td>(Right to Buy)</td>
<td></td>
<td>29015</td>
</tr>
</tbody>
</table>

Explanation of Responses:

1. Ownership has been adjusted to reflect 2 shares that were acquired via dividend reinvestment in the Retirement Plan as a result of dividends paid to all stockholders.

2. These options vest ratably over four years from the date of grant and are first exercisable one year from date of grant.

Reporting Owners

Graf Alan B, Jr.
942 South Shady Grove Road
Memphis, TN 38120

Signatures

/s/ Alan B. Graf, Jr.
6/16/2020

*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.