| EO | igar Filing: FEL | JERAL N | ATIONA | | GAGE A | 550 | CIAT | | VIAE - Form | 14 | |
|---|--|---|---|--|---|---------|--------------|--|--|-------------------|--|
| Form 4 | NATIONAL MC | RTGAGE | E ASSOC | CIATION | FANNIE | MAE | , | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| | UNITED | 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. Filed pu Section 17 | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
|]] | | | 2. Issuer Name and Ticker or Trading Symbol FEDERAL NATIONAL MORTGAGE ASSOCIATION FANNIE MAE [FNM] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
| | (First) ONSIN AVENU FANNIE MAE | (Middle) JE, | 3. Date of (Month/D 09/19/20 | - | ansaction | | | Officer (give below) EVP and | title Othe below) I General Coun | r (specify sel | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WASHING | TON, DC 20016 | j | | | | | | _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative Se | curiti | es Acqu | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) |) Execution any | ned n Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securitie on(A) or Disp (Instr. 3, 4 Amount | osed c | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 09/19/2008 | | | D | 125,852 | D | \$0 | 20,004 | D | | |
| Reminder: Rep | ort on a separate lin | e for each cl | ass of secu | rities benefi | icially owned | l direc | tly or ii | ndirectly. | | | |

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.

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

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacc Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | 7. Title Amount Underly Securitie (Instr. 3 | t of ving es | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|---|--------------------|---|--|
| | | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | o Title N o | lumber | | |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | |
|---|------------|-----------|-------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Wilkinson Beth 3900 WISCONSIN AVENUE, N.W. C/O FANNIE MAE WASHINGTON, DC 20016 | | | EVP and General Counsel | |
| Signatures | | | | |
| /s/ Sylvia M. Mahaffey, Attorney-In-F Wilkinson | Fact for B | eth A. | 09/23/2008 | |
| <u>**</u> Signature of Reporting Pe | rson | | Date | |
| | | | | |

Explanation of Responses:

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.