FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* WULFF JOHN K | | | | | FE | 2. Issuer Name and Ticker or Trading Symbol FEDERAL NATIONAL MORTGAGE ASSOCIATION FANNIE MAE [FNM] | | | | | | | | | | all app Direc | ship of Reporting applicable) irector | | 10% O | wner |
| (Last) C/O FAN | ` | rst) (| Middle) SIN AVE | E., NW | | Date of 16/2 | | st Trans | saction (Month/Day/Year) | | | | | | | Officer (give title below) | | | Other (below) | (specify |
| (Street) WASHIN | IGTON DO | | 20016 Zip) | | 4. If | 4. If Amendment, Date of C | | | | of Original Filed (Month/Day/Year) | | | | | | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| | | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount (/ | | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 11/16 | | | | 5/2007 | 2007 | | | P | | 4,200 | | A | \$4 | \$41.49 | | 6,087 | | D | | |
| Common Stock 11 | | | | 11/16 | 5/2007 | | | | P | | 500 | | A | \$4 | \$41.48 | | 6,587 | | D | |
| Common Stock 11 | | | 11/16 | /2007 | | | | P | | 300 | | A | \$41.46 | | 6,887 | | | D | | |
| Common Stock 11/2 | | | 11/16 | 5/2007 | 2007 | | | P | | 200 | | A | \$41.44 | | 7,087 | | | D | | |
| Common | nmon Stock 11/16/20 | | | 5/2007 | 7 | | | P | | 4,800 A \$ | | \$4 | 1.47 | 11,887 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Expiration (Month/D | on Date | е | Am Sec Und Der | An or Nu of | ı | Deri Sec (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Or Fo Di or (I) | 0. Iwnership orm: irrect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/s/ John K. Wulff

11/19/2007

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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 Number.