FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

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*  Shaw Michael A	2. Date of Event Requiring Stater (Month/Day/Yea 08/27/2008	nent r)	3. Issuer Name and Ticker or Trading Symbol FEDERAL NATIONAL MORTGAGE ASSOCIATION FANNIE MAE [ FNM ]						
(Last) (First) (Middle)  C/O FANNIE MAE  3900 WISCONSIN AVENUE, NW			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) WASHINGTON DC 20016 (City) (State) (Zip)			X Officer (give title below)  EVP & Chief Risk	Other (spe below) Officer		Applicable Line) $old X$ Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			34,093	D					
Common Stock			215.344	I		By ESOP			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable a Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security		4. Convers or Exerc Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivativ Security	/e or Indirect			

**Explanation of Responses:** 

/s/ Michael A. Shaw

09/08/2008

\*\* 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 5 (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.