FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| OMB APPRO | VAL |
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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

| | | | eporting Person* HAEL J | | | FE | DE: | RAL | NAT | | L Ň | Symbol IORTO MAE | | | | (Chec | k all app Dired | olicable) | | Issuer Owner r (specify |
|---|---------|-------|-------------------------|---|--|---|-------|-------------------|----------|--|--------|-------------------|--|---|--|---|---|-----------------------|---|---|
| (Last) (First) (Middle) 3900 WISCONSIN AVENUE, NW | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2004 | | | | | | | | | | below) below) Pres., Fannie Mae e-Business | | | | | | |
| (Street) WASHIN | IGTON I | DC | 2 | 0016 | | 4. If <i>i</i> | Amer | ndment, | , Date o | f Origina | Filed | l (Month/ | Day/\ | Year) | | 6. Ind Line) X | Forn | n filed by On | p Filing (Check e Reporting Pe re than One Re | rson |
| (City) | (| (Stat | e) (2 | Zip) | | | | | | | | | | | | | Pers | on | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date | | 2/ E) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction | | 5) | | (A) t | or 5. Amo 4 and Securit Benefic Owned Report | | unt of ies cially Following ed | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code V | | Amount | | (D) | | (Inst | | saction(s) . 3 and 4) | | | |
| Common | Stock | | | | 08/31/ | 2004 | + | | | G ⁽¹⁾ | V | 1,40 | 00 | D | \$(| 0.00 | 42,8 | 12.163 ⁽²⁾ | D | By |
| Common | Stock | | | | 08/31/ | 2004 | | | | G ⁽¹⁾ | V | 200 |) | A | \$(| 0.00 | | 700 | I | Reporting Person as custodian for daughter1 |
| Common | Stock | | | | 08/31/ | 2004 | | | | G ⁽¹⁾ | V | 200 |) | A | \$(| 0.00 | | 700 | I | By Reporting Person as custodian for daughter2 |
| Common | Stock | | | | | | | | | | | | | | | | 816 | 5.222 ⁽³⁾ | I | By ESOP |
| Common Stock | | | | | | | | | | | | | | | 6,000 | | I | By spouse | | |
| | | | Та | | Derivati (e.g., pu | | | | | | | | | | | | wned | | | |
| | | | Transac Code (li | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | 6. Date E Expiratio (Month/E | n Dat | able and 7 e | | Amount of Securities Underlying Derivative Security (Instrand 4) | | Dei See (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiratio Date | | of | ımbe nares | | | | | |

- 1. The reported transactions include a gift of 200 shares to each of Reporting Person's two daughters. The Reporting Person is the custodian of the shares. This report shall not be deemed an admission that the Reporting Person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.
- 2. End of period holdings include additional shares acquired under Issuer's dividend reinvestment plan for the period November 25, 2003 through August 25, 2004.
- 3. End of period holdings include additional shares acquired from the reinvestment of dividends in Issuer's ESOP for the period May 25, 2004 through August 25, 2004.

Remarks:

/s/ Michael J. Williams

09/02/2004

** 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.