

**FEDERAL HOME LOAN MORTGAGE CORPORATION**  
**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**FORM 4**

Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

|   |         |          |   |  |  |   |   |  |
|---|---------|----------|---|--|--|---|---|--|
| 1. Name and Address of Reporting Person |         |          | 2. Issuer Name and Ticker or Trading Symbol<br>Freddie Mac (FRE)                      |  |  | 6. Relationship of Reporting Person to Issuer<br>(Check all applicable) |   |  |
| (Last)                                  | (First) | (Middle) | 3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)<br><br>N/A |  | 4. Statement For   |   | _____ Director _____ Other (Specify below)<br>_____ Officer (give title below)<br>_____ |  |
| (Street)                                |         |          |   |  | 5. If Amendment, Date of Original  |   |   |  |
| (City)                                  | (State) | (Zip)    |   |  | _____ Form filed by one Reporting Person<br>_____ Form filed by more than one Reporting Person |   |   |  |

**Table 1 – Non Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security | 2. Transaction Date<br><br>(Month/Day/Year) | 3. Transaction Code |   | 4. Securities Acquired (A) or Disposed of (D) |            |       | 5. Amount of Securities Beneficially Owned After the Transaction | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
|----------------------|---|---------------------|---|---|------------|-------|--|---|--|
|                      |   | Code                | V | Amount  | (A) or (D) | Price |  |   |  |
|                      |   |                     |   |   |            |       |  |   |  |
|                      |   |                     |   |   |            |       |  |   |  |
|                      |   |                     |   |   |            |       |  |   |  |
|                      |   |                     |   |   |            |       |  |   |  |
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|                      |   |                     |   |   |            |       |  |   |  |
|                      |   |                     |   |   |            |       |  |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. (Over)  
 (Print or Type Response)

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

| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities |                            | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned After <input type="checkbox"/> the <input type="checkbox"/> Transaction | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------------------------------------|---------------------|---|--|-----|--|-----------------|--|----------------------------|---------------------------------|---|---|---|
|                                 |  |                                      | Code                | V | (A)  | (D) | Date Exercisable   | Expiration Date | Title  | Amount or Number of Shares |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
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|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |
|                                 |  |                                      |                     |   |  |     |  |                 |  |                            |                                 |   |   |   |

Explanation of Responses:

\_\_\_\_\_  
Signature of Reporting Person

\_\_\_\_\_  
Date