

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
WALTON J	IM C			W	AL	MAR	T STO	RES	S INC	[WM	[T]					
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)								Director X 10% Owner Officer (give title below) Other (specify below)				
P.O. BOX 1860					12/20/2016											
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Line)			
BENTONVILLE, AR 72712													X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)												roim med by	Form fried by More than One Reporting Person			
			Table I	- Non-De	rivati	ive Seci	ırities Ac	quir	ed, Dis	posed o	f, or I	Beneficially Own	ed			
1. Title of Security (Instr. 3)			Frans. Date	2A. D Execu Date,	ition	3. Trans. Co (Instr. 8)	de	4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form: Be	Beneficial	
							Code	V	Amour	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 12/20/2016				2/20/2016			J (1)		911500 (1)	D	\$0 <u>(</u>	14	148506019		I (2)	By Trust
Common Stock												10	0507127		D	
Common Stock												141	1415891131			By Limited Liability Company
	Tab	le II - Der	ivative S	ecurities	Bene	ficially	Owned (e.g.	, puts,	calls, wa	arran	ts, options, conve	rtible sec	curities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	(Instr. 8)	Acquire Dispose				Date Exercisable and expiration Date		Securit Deriva	and Amount of ies Underlying tive Security 3 and 4)	nderlying Derivative Security Security		Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date	e rcisable	Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (The transaction is a distribution of 911,500 shares of Common Stock, for no consideration, by the Walton Family Holdings Trust (the "Trust") to certain
- 1) beneficiaries of the Trust (the "Distribution").
- (The reporting person is a trustee of the Trust, the entity that owns 148,506,019 shares of Common Stock following the Distribution. The reporting person
- 2) disclaims beneficial ownership of the reported securities held by the Trust except to the extent of his pecuniary interest therein.
- (The reporting person is a member of Walton Enterprises, LLC, the entity that owns 1,415,891,131 shares of Common Stock. The reporting person disclaims
- 3) beneficial ownership of the reported securities held by such LLC except to the extent of his pecuniary interest therein.

Reporting Owners

reporting Owners							
Panorting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	officer	Other			
WALTON JIM C							
P.O. BOX 1860		X					
BENTONVILLE, AR 72712							

Signatures

/s/ Jennifer F. Rudolph, by Power of Attorney

12/22/2016

**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 control number.