

[] 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

| The results with requirements of responding resident | | | | | 2. I | Issuer Name and Ticker or Trading Symbol WAL MART STORES INC [WMT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|-------------------|-------------------------------------|--------------|--|--|---------------------------|----------------------------------|--------------|--|--------------------|------------|---|---|------------------------|---|---|--|--|
| | | | | | W | | | | | | | | | (Спеск ан арр | ilicable) | | | | |
| | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | X _ Director10% Owner Officer (give title below) Other (specify below) | | | | | | |
| 702 SOUTHWEST 8TH STREET | | | | | | | | 9/3 | 0/20 | 16 | | omeer (grv | e title below | | uner (speerry | ociow) | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| BENTONVILLE, AR 72716-0215 (City) (State) (Zip) | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table | I - No | n-Der | ivati | ive Secu | ırities Ac | quir | ed, Di | sposed o | f, or | Ben | neficially Owne | ed | | | | |
| 1. Title of Security (Instr. 3) | | | | | s. Date | Exec | Deemed ution if any | 3. Trans. Co (Instr. 8) | ode | 4. Secu or Disp (Instr. 2 | Fol | | ollowing Reported Transaction(s) Ownership of Ind Benef | | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | V | Amou | (A) or | r Price | | | | | | (Instr. 4) | |
| Common 9/30/2010 | | | | 2016 | | | A | 312 (1) A \$0 | | 18260.9524 (2) | | | D | | | | | | |
| | Tab | le II - De | rivative | Secur | ities I | Bene | ficially | Owned (| e.g. , | , puts, | calls, w | arrar | nts, | options, conve | rtible sec | urities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deer Execution Date, if a | n (Instr. 8) | | | | e Securities (A) or of (D) | | . Date Exercisable and expiration Date | | | | Underlying Security | Derivative Security | 9. Number of derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amo | ount or Number of | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | | |
| Explanation of | Responses | : | | | | - | | | | • | | | | | | | | | |
| (Represents1) the closing | | | | | | | | | ected | d to de | fer in the | forn | n of | shares. The nur | nber of sl | nares was de | termined | by using | |

Balance adjusted to reflect phantom shares acquired as dividend equivalents on deferred stock.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| MAYER MARISSA A 702 SOUTHWEST 8TH STREET | x | | | | | | |
| BENTONVILLE, AR 72716-0215 | 71 | | | | | | |

Signatures

/s/ Geoffrey W. Edwards, by power of attorney 10/4/2016 Date ** Signature of Reporting Person

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).

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.