

[] 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. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|-------------------|--------------------------------------|----------------|---|--|---------------|--------------|------------|--|-------|-------------------|---|---|--|--|--|--|
| FLYNN TIMOTHY PATRICK | | | | | WAL MART STORES INC [WMT] | | | | | | | | | , | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | | | |
| 702 SW 8TH STREET | | | | | | 6/3/2016 | | | | | | | | e title delon | , | aner (opeen) | oeio) | |
| (Street) | | | | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | | 6. Individual o | 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 | - Non-De | erivat | ive Secu | rities Ac | quir | ed, Di | sposed | of, o | r Be | eneficially Owne | ed | | | | |
| 1.Title of Security (Instr. 3) | | | | 2. Trans. Date | Exec | | on (Instr. 8) | | or Disp | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | | ` ′ | | Amount of Securities Beneficially lllowing Reported Transaction(s) nstr. 3 and 4) | | Ownership Form: H Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | V | Amount (A) | | | Price | , | | | | | |
| Common 6/3/2016 | | | | 6/3/2016 | | | A | | 2469 | (<u>1</u>) A | | \$0 | 30232.1835 (2) | | | D | | |
| | Tab | le II - Der | ivative S | Securities | Bene | ficially | Owned (| e.g. , | puts, | calls, v | varr | ants | s, options, conve | rtible sec | urities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deem Execution Date, if an | (Instr. 8 | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | | uritie rivativ | and Amount of es Underlying ve Security and 4) | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | Code | e V (A) | | (D) | Date Exer | | Expiration , able Date | | | mount or Number of nares | | | | | |
| Explanation of (Represents a 1) date under a | annual equi | ty grant as | • | • | _ | | on-manag | geme | nt dire | ector co | mpe | nsati | ion. The receipt o | of these sh | nares was de | ferred to | a future | |

- 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 | | | |
| FLYNN TIMOTHY PATRICK | W | | | | | | |
| 702 SW 8TH STREET BENTONVILLE, AR 72716-0215 | X | | | | | | |

Signatures

/s/ Geoffrey W. Edwards, by power of attorney **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.