

WAL MART STORES INC

Reported by **HOLLEY CHARLES M**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/01/15 for the Period Ending 03/30/15

Address 702 SOUTHWEST 8TH ST

BENTONVILLE, AR 72716

Telephone 5012734000

CIK 0000104169

Symbol WMT

SIC Code 5331 - Variety Stores

Industry Retail (Department & Discount)

Sector Services

Fiscal Year 01/31



[] 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. 20540

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 *													5. Relation (Check all			Person(s)	to Issuer
HOLLEY CH	HARLE	S M		V	VA.	L MAF	RT ST	O	RES	IN	\mathbf{C}						
				[[WMT]								Direct	or	_	10% O	wner
(Last)	(First)		(Middle)	3	3. Date of Earliest Transaction (MM/DD/YYYY)							cer (give title	e below)	Othe	er (specify		
													below) Executive	Vice Pr	esident		
702 S.W. 8TH	I STRE	ET					3/3	30	/2015				Zaccutive	, , 100 I I	Colucia		
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
BENTONVII	LLE, AF	R 727	16-0215														
(City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
															•		
		Tab	le I - Non	-Deriv	vativ	e Securi	ities A	equ	uired, I	Dis	posed	l of, or I	Beneficiall	y Owned			
1			2. Tra Date		Deemed	3. Trans. Code (A) or Disp (D) (Instr. 8) (Instr. 3, 4			ispo	posed of Follow (Instr. 3		ount of Securities Beneficially Owned ving Reported Transaction(s) 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership	
						any				(A)						or Indirect (I) (Instr.	(Instr. 4)
							Code	v	Amount	or (D)		e				4)	
Common Stock				3/30/2	2015		D		336 (1)	D	\$81.3	35	29022	7.713 ⁽²⁾		D	
Common Stock													142	6.2629		I	By 401(k) Plan
Tab	ole II - De	rivati	ive Securi	ties Be	enefi	icially O	wned (e.	<i>g</i> . , put	s, (calls,	warran	ts, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans.	3A. 4 Deemed T Execution C	rans. Code (nstr. 8)	Deriv Secu Acqu Disp	nmber of vative rities hired (A) or osed of (D)	6. Date Exercisable and Expiration Date				7. Title and Amot Securities Underly Derivative Securi (Instr. 3 and 4)		ying ty	(Instr. 5)	of derivative Securities Beneficially Owned Following	Direct (D) or Indirect (I) (Instr.	Beneficial
			C	Code V	(A)	(D)	Date Exercise	able	Expiration Date		Title Amount or Shares		Number of		(s) (Instr. 4)	.,	

Explanation of Responses:

- (1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock. The receipt of the vested shares was deferred to a future date.
- (2) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. 2004 Associate Stock Purchase Plan.

Reporting Owners

Reporting Owners										
Reporting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
HOLLEY CHARLES M										
702 S.W. 8TH STREET			Executive Vice President							
BENTONVILLE, AR 72716-0215										

Signatures

/s/ Geoffrey W. Edwards, by Power of Attorney

3/30/2015

^{**} 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).

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.