

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------|-------------------------------------|---------|--|---|---|-------------|--|--------------------------------------|--------------------|---|---|-----------------------------|------------|--|---|--|
| Harris Carla | ı A | | | | W | AL | MAR | T STOI | RES | SINO | C [WM | [T] | | | | | | |
| (Last) | (First | t) (Middle) | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | X Director Officer (giv | X Director10% Owner Officer (give title below) Other (specify below) | | | | | |
| 702 SW 8TH STREET | | | | | | 9/30/2017 | | | | | | | | | | | | |
| (Street) | | | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| BENTONVILLE, AR 72716 (City) (State) (Zip) | | | | | | | | | | | | X Form filed by | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Table | I - Non | -Der | ivati | ive Secu | ırities Acc | quir | ed, Di | sposed o | f, or | Be | neficially Owne | ed | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. | Date | Date 2A. Deemed Execution Date, if any | | 3. Trans. Code (Instr. 8) | | or Dis | posed of (D 3, 4 and 5) (A) or | (A) or Fol | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common 9/30/20 | | |)17 | | | A | | 144 | / | \$0 | -+ | 2389 | | | D | | | |
| | Tab | le II - Dei | rivative | Securi | ties I | Bene | ficially | Owned (| e.g. , | , puts | calls, w | arrai | nts, | , options, conve | rtible sec | urities) | • | • |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex | 3A. Deer Execution Date, if a | n (In: | Γrans. str. 8) | Code | le 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | | | s Underlying re Security | | 9. Number of derivative Securities Beneficially Owned Following | Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | С | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | | nount or Number of ares | | Reported Transaction(s) (Instr. 4) | or Indirect | |

Explanation of Responses:

(1) Represents quarterly director compensation, a portion of which the Reporting Person elected to receive in the form of shares. The number of shares was determined by using the closing price of the Issuer's common stock on the last trading day immediately preceding the date of grant.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Harris Carla A | | | | | | | |
| 702 SW 8TH STREET | X | | | | | | |
| BENTONVILLE, AR 72716 | | | | | | | |

Signatures

| /s/ Kristopher A. Isham, by power of attorney | 10/3/2017 | |
|---|-----------|--|
| ** 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.