

WAL MART STORES INC

Reported by **SYSTROM KEVIN**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/09/15 for the Period Ending 06/05/15

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. 20549

ON 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 * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|-----------------|---------------------------------|---|---|------------------------|-----------------------|--|--|------------------|---------------------------|--|---|---|--|---|----------|
| <u> </u> | | | | W | WAL MART STORES INC [WMT] | | | | | | | | | | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | X _ Director10% Owner Officer (give title below) Other (specify below) | | | | | |
| 702 SW 8TH STREET | | | | | 6/5/2015 | | | | | | | | | (| , | , | (| ,, |
| (Street) | | | | | 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 One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | ole I - Nor | ı-Deri | vativ | ve Secur | ities A | cqui | ire | ed, D | ispose | d of, | or Be | neficially O | wned | | | |
| 1 | | | 2. Trai Date | ns. | 2A. Deemed Execution Date, if an | , | | 8) Acquire Dispose | | red (A) or sed of (D) (In: 3, 4 and 5) | | Followi | Amount of Securities Beneficially Owned sollowing Reported Transaction(s) sstr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Co | de \ | v . | Amour | or (D) | Price | | | | | or Indirect (I) (Instr. 4) | (msu. 4) |
| Common 6/ | | | | 6/5/20 | 015 | | A | | | 2395 (1) | A | \$0 | | 4533 | | | D | |
| | Table II - 1 | Derivati | ive Securi | ities B | enef | icially O | wned | (e.g | ·. , | , puts | , calls | , wai | rrants, | options, cor | nvertible | securities |) | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | Deemed | 4. Trans. Code (Instr. 8) | D A D | Number of Perivative Socquired (A. Pisposed of Instr. 3, 4 ar | ecurities or (D) | and I | Date Exercisable nd Expiration Date 7. Title and A Securities Un Derivative Se (Instr. 3 and 4) | | | derlying scurity 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form of Derivative Owners | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exerc | | able D | xpiration ate | Title | Shares | t or Number of | | Transaction (s) (Instr. 4) | | |

Explanation of Responses:

(1) Represents annual equity grant as part of the Reporting Person's non-management director compensation.

Reporting Owners

| Donostino Osmon Nomo / Adduso | Relationships | | | | | | | |
|-------------------------------|---------------|-----|-------|---------|-------|--|--|--|
| Reporting Owner Name / Addres | Director | 10% | Owner | Officer | Other | | | |
| Systrom Kevin | | | | | | | | |
| 702 SW 8TH STREET | X | | | | | | | |
| BENTONVILLE, AR 72716 | | | | | | | | |

Signatures

/s/ Jennifer F. Rudolph, by power of attorney

** 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.