

[] 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 *						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Foran Gregory S						Walmart Inc. [WMT]								pricuote)	10	% Owner	
(Last) (First) (Middle)					3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner X Officer (give title below) Other (specify below)			
702 SW 8TH STREET								3/1	1/2	019		"	Executive Vice President				
	(Str	eet)			4. 1	lf An	nendme	nt, Date ()rigi	nal File	d (MM/D	D/YYY	Y) 6. Individual	or Joint/G	roup Filing (Check Appl	icable Line)
BENTONVILLE, AR 72716 (City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
			Table	I - No	on-Der	ivati	ive Sec	urities Ac	quir	red, Dis	sposed o	of, or	Beneficially Own	ed			
1.Title of Security (Instr. 3)					2A. De Execu Date, i	tion	3. Trans. Co (Instr. 8)	de	4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			7. Nature of Indirect Beneficial	
								Code	V	Amoun	(A) or (D)	Price					Ownership (Instr. 4)
Common 3/11/2019					2019			A		101457 (1)	A	\$0		407947		D	
Common 3/11/2019				2019			F		46924 (2)	D	\$97.5		361023		D		
Common 3/11/2019				2019			A		75857 (3)	A	\$0		436880		D		
	Tab	ole II - Dei	ivativo	e Secu	rities l	Bene	ficially	Owned (e.g.	, puts,	calls, w	arran	its, options, conve	ertible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. De Executi Date, if	ion (Instr. 8		Code	5. Numb Derivativ Acquired Disposed (Instr. 3,	ve Securities I (A) or I of (D)	6. D Exp	•			e and Amount of ties Underlying ative Security 3 and 4)	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) Represents the vesting of performance share units for the three-year period ending January 31, 2019, as certified by the Compensation and Management Development Committee on March 11, 2019.
- (2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.
- (3) Represents restricted stock units earned by the Reporting Person upon the achievement of performance goals for the one-year period ended Jan. 31, 2019, as certified by the Compensation and Management Development Committee on March 11, 2019. The restricted stock units are scheduled to vest on Jan. 31, 2021 if the Reporting Person remains employed by the Issuer on that date.

Reporting Owners

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Foran Gregory S								
702 SW 8TH STREET			Executive Vice President					
BENTONVILLE, AR 72716								

Signatures

/s/ Geoffrey W. Edwards, 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.