

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 *							r Name	and Ticl	cer o	r Tradi	ng Symb	ol		5. Relationship of Reporting Person(s) to Issuer				
~· · · ·					XX	AT	МИЛТ	т сто	DE	C INI	7 F XX/X/	rr i	(Check all ap	plicable)				
8-10-10-10-10-10-10-10-10-10-10-10-10-10-								RT STO			•		Director	Director 10% Owner				
(Last) (First) (Middle)						Date	of Earl	iest Trans	actio	on (MM/	DD/YYYY	)		X Officer (give title below) Other (specify below)				
702 CW OTH CTDEET								3/	2/20	116			"	Executive Vice President				
702 SW 8TH STREET (Street)							nendma	ent, Date (		-	ed (MM/D	YY) 6. Individual	or Ioint/G	roup Filing	Chaole Anni	iaabla Lina)		
	(3.1.)	,			7.	пли	iciaiii	III, Date v	Jugi	nai i n	ZG (WIWI/D	D/11	o. marviduar	or John/G	Toup Tilling (	спеск Аррі	icable Line)	
BENTONVILLE, AR 72716													X Form filed by One Reporting Person					
(Ci	ty) (Sta	te) (Zi	p)									Form filed by	Form filed by More than One Reporting Person					
			Table	I - Non	-Dei	ivati	ive Sec	urities A	ranii	red Di	snosed o	f or	Beneficially Own	ed				
1.Title of Security				2. Trans. 1				3. Trans. Co	•	·	ities Acqui				ally Owned	6.	7. Nature	
(Instr. 3)				2. IIuiio.		Execution Date, if any		(Instr. 8)	·uc	or Dispo	osed of (D) 3, 4 and 5)		Following Reported (Instr. 3 and 4)			Ownership Form:		
						Date, if any				(IIIsti. 3	, 4 and 3)		(Ilisti: 3 and 4)	Direct (D) Ownersh			Ownership	
											(A) or					or Indirect (I) (Instr.	(Instr. 4)	
								Code	V	Amoun	t (D)	Pric	e			4)		
Common 3/2/2016					6			A		50346 (1)	A	\$66.4	6 18	181573.576				
Common 3/2/2016				6			F		24359 (2)	D	\$66.4	6 15	157214.576					
	<b></b>					_		0 1	,									
													its, options, conve	1				
1. Title of Derivate Security (Instr. 3)	2. Conversion	<ol><li>Trans.</li><li>Date</li></ol>	3A. Dee Execution		rans. str. 8)	Acquire Dispose		oer of ve Securities					ities Underlying	8. Price of Derivative	<ol><li>Number of derivative</li></ol>	10. Ownership		
	or Exercise Price of Derivative Security		Date, if	any				d (A) or d of (D)					ative Security . 3 and 4)	Security (Instr. 5)	Securities Beneficially	Form of Derivative	Beneficial Ownership	
								, 4 and 5)				(			Owned Following	Security: Direct (D)	(Instr. 4)	
									Dat		Expiration	Title	Amount or Number of		Reported	or Indirect		
				(	Code	v	(A)	(D)	Exe	ercisable	Date	Titic	Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)		
				•														
Explanation of	Responses	:																
			nance s	hare un	its fo	r the	period	ending Ja	anuar	ry 31, 2	016, as c	ertifi	ed by the Compen	sation, No	minating an	d Govern	ance	
1) Committee	on March 2	2, 2016.																
( Represents	shares with	held to sat	isfy tax	withho	oldin	g obl	igation	s upon the	e ves	ting of	performa	ance	share units.					

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Cheesewright David									
702 SW 8TH STREET			Executive Vice President						
BENTONVILLE, AR 72716									

## **Signatures**

/s/ Geoffrey W. Edwards, by power of attorney 3/4/2016 Date \*\* 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.