

[] 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. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|-----------|-------------|-----------|---------------------|--|--|----------------------------------|------------|---------------|----------------------------|--------------------|---|---|---|---|--|--------------|
| FLYNN TIMOTHY PATRICK | | | | | W | Walmart Inc. [WMT] | | | | | | | | piicabic) | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director Officer (gi | X Director 10% Owner Officer (give title below) Other (specify below) | | | | |
| 702 SW 8TH STREET | | | | | | 3/31/2018 | | | | | | | | | | | |
| | (Stre | et) | | | 4. I | f An | nendmei | nt, Date O | rigin | al File | ed (MM/DI | D/YYY | Y) 6. Individual | or Joint/G | roup Filing (| (Check Appl | icable Line) |
| BENTONVILLE, AR 72716-0215 (City) (State) (Zip) | | | | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (C | ity) (Sta | ie) (Zi | ip) | | | | | | | | | | | | | | |
| | | | Table 1 | l - Non | -Der | ivati | ve Secu | rities Aco | quire | ed, Dis | sposed o | f, or | Beneficially Own | ed | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. | E | | | 3. Trans. Code (Instr. 8) | | or Disp | osed of (D) 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | V | Amoun | (A) or (D) | Pric | e | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | | | | 3/31/20 |)18 | | | A | | 323 (1 | <u>A</u> | \$0 | 381 | 00.4839 (2) | | D | |
| | Tabl | le II - Der | ivative | Securi | ties E | Bene | ficially | Owned (| e.g. , | puts, | calls, wa | arran | ts, options, convo | ertible sec | urities) | | |
| 1. Title of Derivate Security (Instr. 3) Conversion or Exercise Price of Derivative 3. Trans. Date Execution Date, if any | | | n (In | Frans. (str. 8) | | 5. Number Derivativ Acquired Disposed (Instr. 3, | e Securities (A) or of (D) | Deri | | | Securi Deriva | e and Amount of ties Underlying tive Security 3 and 4) | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Security | | | (| Code | V | (A) | (D) | Date Exerc | cisable 1 | 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 quarterly director compensation, which the Reporting Person elected to defer in the form of shares. The number of shares was determined by using the closing price of the Issuer's common stock on March 29, 2018, the last trading day before the date of grant.
- (2) Balance adjusted to reflect phantom shares acquired as dividend equivalents on deferred stock.

Reporting Owners

| reporting owners | | | | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | | |
| FLYNN TIMOTHY PATRICK | | | | | | | | | | |
| 702 SW 8TH STREET | X | | | | | | | | | |
| BENTONVILLE, AR 72716-0215 | | | | | | | | | | |

Signatures

/s/ Geoffrey W. Edwards, by power of attorney

**Signature of Reporting Person

A/3/2018

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.