

[] 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) | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------|-------------------|--------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------|------------|------------------------------------------|-----------------------------------------|--------------------|--------------------------------------------------------------------|----------------|-------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|--|
| Cheesewrigh | t David | | | W | AL | MAR | T STO | RES | S IN | C [WI | MT] | | | , | | | | |
| | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Director | | | | | |
| | | | | | | | | | | | | | | X Officer (give title below) Other (specify below) | | | | |
| 702 SW 8TH STREET | | | | | 1/25/2016 | | | | | | | | Executive Vic | e Preside | ent | | | |
| | (Stre | eet) | | 4. | If Ar | nendme | nt, Date O | rigir | nal Fil | ed (MM/I | OD/YY | ΥY | 6. Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) | |
| BENTONVI | , | | | | | | | | | | | | X Form filed b | | rting Person One Reporting F | 'erson | | |
| (C | ity) (Sta | ite) (Z | Zip) | | | | | | | | | | | | | | | |
| | | | Table I | - Non-De | rivat | ive Seci | urities Ac | quir | ed, D | isposed | of, oı | ·B | eneficially Own | ed | | | _ | |
| 1. Title of Security (Instr. 3) | | | Trans. Date | e 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | de | or Disposed of (I (Instr. 3, 4 and 5) | |) | (A) 5. Amount of Securit Following Reported (Instr. 3 and 4) | | ties Beneficially Owned Transaction(s) | | Ownership of Form: Be | 7. Nature of Indirect Beneficial | | |
| | | | | | | | Code | V | Amo | unt (A) | | rice | | | | | Ownership (Instr. 4) | |
| Common | | | | 1/25/2016 | | | A | | 2561 (1) | | . \$ | 60 | 1312 | 27.576 (2) | | D | | |
| | Tab | le II - Dei | rivative S | ecurities | Bene | ficially | Owned (| e.g. | , puts | , calls, v | varra | nts | s, options, conve | rtible sec | urities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deem Execution Date, if an | (Instr. 8) | | ode 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date | | | ıritie vati | es Underlying ve Security | Underlying Derivative Security Security | | Ownership of Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | Title | A Sl | mount or Number of hares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | | |

Explanation of Responses:

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

**Signature of Reporting Person

(1) Represents share-settled restricted stock units granted on January 25, 2016 and scheduled to vest on January 25, 2019.

Relationships

(2) Balance adjusted to reflect shares acquired through dividend reinvestment.

Reporting Owners

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

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.