

[] 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
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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. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Chojnowski David						Walmart Inc. [WMT]											
(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	1/20	019		`	Senior Vice President				
(Street)					4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)			
BENTONVILLE, AR 72716-0215 (City) (State) (Zip)														_ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person			
			Table 1	I - Nor	ı-Der	ivati	ive Seci	ırities Ac	quir	ed, Dis	posed o	f, or l	Beneficially Own	ed			
1.Title of Security (Instr. 3)					2A. Deeme Execution Date, if an		3. Trans. Co (Instr. 8)	de	or Dispo	ities Acqui sed of (D) 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial	
								Code	V	Amount	(A) or (D)	Price					Ownership (Instr. 4)
Common Stock 3/11/2019					19			A		4342 (1)	A	\$0	273	27393.851 (2)			
Common Stock 3/11/2019				19			F		1357 (3)	D	\$97.59	20	26036.851				
Common Stock 3/11/2019				19			A		8763 (4)	A	\$0	34799.851			D		
	Tab	le II - Der	ivative	Securi	ities l	Bene	ficially	Owned (e.g.	, puts,	calls, wa	arran	ts, options, conv	ertible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Executio Date, if a	ecution (Inst		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			e and Amount of ties Underlying tive Security 3 and 4)	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			(Code	e V (A) (D)		(D)	Date Expiration Date		Expiration Date		Amount or Number of Shares	mount or Number of Repor		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) Balance adjusted to reflect shares acquired through the Walmart Inc. Associate Stock Purchase Plan.
- (3) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.
- (4) 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

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Chojnowski David								
702 SW 8TH STREET			Senior Vice President					
BENTONVILLE, AR 72716-0215								

Signatures

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.