

[] 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

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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.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Biggs M. Brett				W	Walmart Inc. [WMT]						(,					
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY))	Director					
(-100) (1.100) (1.11010)													X Officer (give title below) Other (specify below) Executive Vice President				
702 SW 8TH STREET						3/9/2018								e Preside	ent		
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Line)				
BENTONVILLE, AR 72716												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)											Tomi med by	Form fried by More than One Reporting Person					
			Table	I - N	on-De	rivat	ive Sec	urities Ac	quir	red, Dis	posed o	f, or l	Beneficially Own	ed			
1. Title of Security (Instr. 3)						3. Trans. Co (Instr. 8)	de	4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)		red (A)	(Instr. 3 and 4) For		Ownership Form:	7. Nature of Indirect Beneficial			
								Code	V	Amount	(A) or (D)	Price					Ownership (Instr. 4)
Common Stock				3/9/2	018			A		41691 (1)	A	\$0	1	58789		D	
Common Stock 3/9/2018				018			F		1747 (2	<u>D</u>	\$87.92	1	157042		D		
Common Stock 3/9/2018				018			A		49149 (3)	A	\$0	206191		D			
Common Stock												387.5847		I	By 401(k)		
	Tat	ole II - Der	ivative	e Secu	rities	Bene	ficially	Owned (e.g.	, puts,	calls, wa	arran	ts, options, conve	rtible sec	urities)		
(Instr. 3) or Pr. De	2. Conversion or Exercise Price of Derivative Security	ersion Date ercise of ative	Executi	3A. Deemed Execution Date, if any		Acquire Dispose				Date Exercisable and xpiration Date		Securi Deriva	e and Amount of ties Underlying tive Security 3 and 4)	Derivative Security	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Dat Exe	e ercisable	Expiration Date		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 period ending January 31, 2018, as certified by the Compensation and Management Development Committee on March 9, 2018. The receipt of the shares was deferred to a future date.
- (2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.
- (3) Represents restricted stock units earned by Reporting Person upon achievement of performance goals for the one-year period ended Jan. 31, 2018, as certified by the Compensation and Management Development Committee on March 9, 2018. The restricted stock units are scheduled to vest Jan. 31, 2020 if Reporting Person remains employed by Issuer on that date.

Rep	orting	Owner	٤

Panarting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Biggs M. Brett							
702 SW 8TH STREET			Executive Vice President				
BENTONVILLE, AR 72716							

Signatures

/s/ Kristopher A. Isham, 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.