

[] 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.] | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|---|-------------|----------|----------------|---|---|----------|----------------------------|---------------|---|--------------------|--------------------|---|---|---|--|--|
| Ford Rollin L. | | | | W | WAL MART STORES INC [WMT] | | | | | | | | , incubic) | | | | |
| (Last) (First) (Middle) | | | | 3.] | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director | | | | | |
| | | | | | 1/28/2016 | | | | | | | EVP | X Officer (give title below) Other (specify below) EVP | | | | |
| 702 S.W. 8TH STREET (Street) | | | | 4 | If A so | d | | -0, - | 010 | d anyn | D/3/3/3/ | un 6 Individual | on Ioint/C | nova Eilina | (CL 1 A) | | |
| (Silect) | | | | 4. | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | Y) b. Individual (| 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 | | | | |
| | | | | | ı | | | | | | | | | | | | |
| | | | | | | | | | | | | | Beneficially Own | | | | |
| 1.Title of Security (Instr. 3) | | | | 2. Trans. Date | | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | ode | 4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5) | | red (A) | (Instr. 3 and 4) Fo | | Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | | | | | Code | V | Amoun | (A) or (D) | Price | ne e | | | | Ownership (Instr. 4) |
| Common Stock | | | | 1/28/2 | 016 | | | F | | 2211 (1) | D | \$63.95 | 94902.395 | | D | | |
| Common Stock | | | | | | | | | | | 27 | 23.3165 | | I | By 401(k) | | |
| Common Stock | | | | | | | | | | | 29 | 258.768 | | I | By Trust | | |
| Common Stock | | | | | | | | | | | | | | 8835 | | I | By Wife's Trust |
| Common | | | | | | | | | | | | | | 180 | | I | By daughter's trust |
| | Tab | ole II - De | rivativo | e Secui | rities] | Bene | ficially | Owned | (e.g. | , puts, | calls, wa | arran | ts, options, conve | rtible sec | curities) | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | se | | | . Trans. Instr. 8) | Acquire Dispose | | | | Date Exercisable and spiration Date | | Securit Deriva | e and Amount of ries Underlying tive Security 3 and 4) | | derivative Securities Beneficially Owned | Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Coc | 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 shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock.

Reporting Owners

| reporting o where | | | | | | | | |
|--------------------------------|-----------------------|--|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | | |
| Reporting Owner Name / Address | Director 10% Owner Of | | Officer | Other | | | | |
| Ford Rollin L. | | | | | | | | |
| 702 S.W. 8TH STREET | | | EVP | | | | | |
| BENTONVILLE, AR 72716-0215 | | | | | | | | |

Signatures

/s/ Geoffrey W. Edwards, 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. |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |