

WAL MART STORES INC

Reported by WHALEY STEVEN P

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/09/15 for the Period Ending 03/05/15

Address 702 SOUTHWEST 8TH ST

BENTONVILLE, AR 72716

Telephone 5012734000

CIK 0000104169

Symbol WMT

SIC Code 5331 - Variety Stores

Industry Retail (Department & Discount)

Sector Services

Fiscal Year 01/31





[] 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) | | | | |
|--|--|--|--|----------------|--|----------|--|----|--|---|-------------------|--------|--|--|--|-------------------------|-------------------------|
| Whaley Steve | n P | | | V | VAI | MAR | T ST | Ol | RES I | N(| C[\ | WMT] | | | | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Director | | | 10% Ow | ner |
| | | | | | | | | | | | | | X Officer (give title below) Other (specify | | | | (specify |
| 702 SW 8TH STREET | | | | | | 3/5/2015 | | | | | | | | below) Senior Vice President | | | |
| (Street) | | | | | 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| | | | | 2. Tra Date |] | Deemed | Code (Instr. 8) | | (A) or Dispos (D) (Instr. 3, 4 and (A) or | | osed of Foli (Ins | | . Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (nstr. 3 and 4) | | | or Indirect (I) (Instr. | Beneficial Ownership |
| ~ ~ . | | | | | | | Code | V | Amount | (D) | - | _ | | 100 | | 4) | |
| Common Stock 3/5 | | | | 3/5/2 | 015 | | S | | 2400 | D | \$83. | 28 | 28189 | | | D | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivate Security (Instr. 3) | curity str. 3) Conversion or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative Security Code Execution Date, if any | | | ode | 5. Nu Deriv Secur Acqu Dispo (Instr | and Ex | Oate Exercisable and Expiration Date Date Expiration Exercisable Date | | | 7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4) Title Amount or N Shares | | rlying | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial | |

Explanation of Responses:

Reporting Owners

| Paperting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----|-------|-----------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% | Owner | Officer | Other | | | | |
| Whaley Steven P | | | | | | | | | |
| 702 SW 8TH STREET | | | | Senior Vice President | | | | | |
| 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.