

[] 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

															T				
1. Name and Address of Reporting Person *					2. 1	Issuer Name and Ticker or Trading Symbol							ol	5. Relationship of Reporting Person(s) to Issuer					
					***		MAR	т стот	.		~ r	****	· ·		(Check all app	licable)			
MAYER MARISSA A						WAL MART STORES INC [WMT]								X Director		1	0% Owner		
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY))	Officer (give title below) Other (specify below)						
						(/2/2017								Officer (giv	c title below	,	iner (speerry	below)	
702 SOUTHWEST 8TH STREET					4.	6/3/2016 4. If Amendment, Date Original Filed (MM/DD/YYYY)								6 7 11 11 1	T : ./G	D.11.			
	(Stre	eet)			4. I	f An	nendme	nt, Date O	rıgın	al Fil	ed (MM/DI	D/YYY	YY)	6. Individual o	or Joint/G	roup Filing (Check Appl	icable Line)
BENTONVI	LLE, AF	R 72716-	0215												X Form filed b	v One Repo	rting Person		
(City) (State) (Zip)						,								Form filed by More than One Reporting Person					
· · · · · · · · · · · · · · · · · · ·		<u>`</u>			ı														
			Table	I - No	n-Der	ivati	ive Secu	rities Ac	quire	ed, Di	spo	sed of	f, or	Ben	neficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D				s. Date			3. Trans. Co	de						5. Amount of Securities Beneficially Owned			6.	7. Nature	
					Exect Date,	if any	(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)				(Instr. 3 and 4)			Form:	of Indirect Beneficial		
														or Indi				Ownership (Instr. 4)	
							Code	V	Amou	unt.	(A) or (D)	Pri	00				(I) (Instr.		
Common 6/3/2016				016	5		A	<u> </u>	2469	_	(D)	\$0	_	17518	18.8386 (2)		D		
				!					!										
	Tab	le II - Der	ivative	Secur	ities l	3ene	ficially	Owned (e.g. ,	puts	cal	lls, wa	ırraı	nts,	options, conve	rtible sec	urities)		
1. Title of Derivate	2.	3. Trans.	3A. Dee		Trans.	Code	5. Numbe			te Exercisable and		Securities 1				f 9. Number of derivative Securities	10.	11. Nature	
Security (Instr. 3)	Conversion or Exercise	Date	Execution Date, if		nstr. 8)			erivative Securities equired (A) or		Expiration Date									Beneficial
	Price of Derivative					Disposed (Instr. 3, 4			(Instr. 3			. 3 an	nd 4)	(Instr. 5)	Beneficially Owned		Ownership (Instr. 4)		
	Security						(msu. 5,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								-	Following	Direct (D)	(msu. +)
									Date Exerc	cisable		iration e	Title	Amo	ount or Number of res		Reported Transaction(s)	or Indirect (I) (Instr.	
					Code	V	(A)	(D)									(Instr. 4)	4)	
T 1	· D																		
Explanation of	Responses	:																	
(Represents1) date under a								ion-manag	geme	nt dir	ecto	or com	pens	atio	on. The receipt of	of these sh	nares was de	ferred to	a future
(Balance adj	usted to ref	lect phanto	om shar	es acqu	uired a	as di	vidend e	equivalent	s on	defen	ed	stock.							

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MAYER MARISSA A 702 SOUTHWEST 8TH STREET BENTONVILLE, AR 72716-0215	X							

Signatures

/s/ Geoffrey W. Edwards, by power of attorney	6/7/2016		
** 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.