WAL MART STORES INC
Reported by
FLYNN TIMOTHY PATRICK

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 04/02/14 for the Period Ending 03/31/14

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
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

<table>
<thead>
<tr>
<th>1. Name and Address of Reporting Person</th>
<th>2. Issuer Name and Ticker or Trading Symbol</th>
<th>3. Date of Earliest Transaction (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLYNN TIMOTHY PATRICK</td>
<td>WAL MART STORES INC [ WMT ]</td>
<td>3/31/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. If Amendment, Date Original Filed (MM/DD/YYYY)</th>
<th>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/2014</td>
<td>X Director, 10% Owner</td>
</tr>
</tbody>
</table>

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1.Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>3/31/2014</td>
<td>A</td>
<td>245 (1)</td>
<td>$0</td>
<td>7696.1296</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:

(1) Represents quarterly director compensation, which the Reporting Person elected to defer in the form of shares. The number of shares was determined by using the closing price of the Issuer's common stock on the date of grant.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLYNN TIMOTHY PATRICK</td>
<td>X</td>
</tr>
<tr>
<td>702 SW 8TH STREET BENTONVILLE, AR 72716-0215</td>
<td></td>
</tr>
</tbody>
</table>

Signatures

/s/ Erxon W. Smith, by power of attorney 4/2/2014

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).


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.