WAL MART STORES INC
Reported by
BREYER JAMES

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/08/10 for the Period Ending 06/04/10

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
1. Name and Address of Reporting Person *

BREYER JAMES

(Last) (First) (Middle)

702 S.W. 8TH STREET

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

3. Date of Earliest Transaction (MM/DD/YYYY)

6/4/2010

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

__X__ Director

____ 10% Owner

____ Officer (give title below)

____ Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)

__ Form filed by One Reporting Person

___ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Amount or Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/4/2010</td>
<td>A</td>
<td>$0 (1)</td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td>3175</td>
<td>83572.0787 (2)</td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g. puts, calls, warrants, options, convertible securities)

Explanation of Responses:

(1) Represents annual equity grant as part of the Reporting Person's non-management director compensation.

(2) Balance adjusted to reflect shares acquired through dividend reinvestment.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREYER JAMES 702 S.W. 8TH STREET BENTONVILLE, AR 72716-0215</td>
<td>X Director 10% Owner Officer Other</td>
</tr>
</tbody>
</table>

Signatures


** 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).


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.