

# **WAL MART STORES INC**

# Reported by **DUKE MICHAEL T**

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 01/08/07 for the Period Ending 01/05/07

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

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2008 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DUKE MICHAEL T						WAL MART STORES INC [ WMT ]							Directe	or	-	10% C	Owner
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							XOfficer (give title below)Other (specify below)  Vice Chairman					
702 S.W. 8TH STREET						1/5/2007											
(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					
		Tab	ole I - Noi	n-Deri	ivativ	e Securi	ties Ac	qu	ired, D	isp	osed o	of, or H	Beneficially	y Owned			
1				2. To	rans.	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securitie Acquired (A Disposed of (Instr. 3, 4 a		A) or Owned (Instr. 2		ount of Securities Beneficially d Following Reported Transaction(s) 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership
						any	Code	V	Amount	(A) or (D)						or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 1/5					2007		F		198 <sup>(1)</sup>	D	\$47.39		237424.981 (2)			D	
Common Stock 1/5					2007		D		<b>4599</b> (3)	D	\$47.39		232825.981			D	
Common Stock													1115.23			I	By Profit Sharing/401 (k) Plan
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivate Security (Instr. 3)	ecurity Conversion Trans. Deemed Date Execution Code		Trans.	Securities		6. Date Exercisable and Expiration Date				7. Title ar Securities Derivative Instr. 3 a	s Underly e Securit and 4)	ving y	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Form of Derivative Security: Direct (D) or Indirect (I) (Instr.		
Co				Code V	(A)	(D)	Date Expiration Date Title Shares				Number of	ber of (s) (Instr. 4					

## **Explanation of Responses:**

- (1) These shares were withheld to pay taxes upon the vesting of restricted stock.
- (2) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. 2004 Associate Stock Purchase Plan.
- (3) Restricted stock grant vesting on January 5, 2007 that was deferred into cash under an election made in a previous year.

**Reporting Owners** 

Panerting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
DUKE MICHAEL T								
702 S.W. 8TH STREET				Vice Chairman				
BENTONVILLE, AR 72716-0215								

#### **Signatures**

#### /s/ Samuel A. Guess, by Power of Attorney

1/8/2007

\*\* 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.