WAL MART STORES INC
Reported by
MAYER MARISSA A

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 07/02/13 for the Period Ending 06/30/13

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

1. Name and Address of Reporting Person *
   MAYER MARISSA A
   702 SOUTHWEST 8TH STREET
   BENTONVILLE, AR 72716-0215

2. Issuer Name and Ticker or Trading Symbol
   WAL MART STORES INC [ WMT ]

5. Relationship of Reporting Person(s) to Issuer
   ___ 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

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>6/30/2013</td>
<td>A</td>
<td>265 (1)</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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 using the closing price of the Issuer's common stock on the last trading day prior to the date of grant.

Reporting Owners

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

Signatures
/s/ Erron W. Smith, by power of attorney          7/2/2013

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).

** Signature of Reporting Person


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.