WAL MART STORES INC
Reported by
QUESTROM ALLEN I

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/09/09 for the Period Ending 06/05/09

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
UNITED STATES SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549

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 *

QUESTROM ALLEN I

(Last) (First) (Middle)

702 SW 8TH STREET

BENTONVILLE, AR 72716

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC

[ WMT ]

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

6/5/2009

5. Relationship of Reporting Person(s) to Issuer

( )( ) 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>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</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)</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 Stock</td>
<td>6/5/2009</td>
<td>A</td>
<td>3132.9548</td>
<td>$0 (1)</td>
<td>10967.5171 (2)</td>
<td>D</td>
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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**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>
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</thead>
<tbody>
<tr>
<td>QUESTROM ALLEN I</td>
<td>X</td>
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</tbody>
</table>

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**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.