WAL MART STORES INC
Reported by
SIMON WILLIAM S

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 04/11/14 for the Period Ending 04/09/14

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

1. Name and Address of Reporting Person *
Simon William S
702 S.W. 8TH STREET
BENTONVILLE, AR 72712-0215

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

3. Date of Earliest Transaction (MM/DD/YYYY)
4/9/2014

6. Individual or Joint/Group Filing
X Form filed by 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 Stock</td>
<td>4/9/2014</td>
<td>F</td>
<td>92</td>
<td>$78.18</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>4/9/2014</td>
<td>F</td>
<td>92</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock. The receipt of vested shares was deferred to a future date.

Reporting Owners

Simon William S
702 S.W. 8TH STREET
BENTONVILLE, AR 72712-0215

Executive Vice President

Signatures

/s/ Erron W. Smith, by Power of Attorney

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.