WAL MART STORES INC
Reported by
REASON J PAUL

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/10/03 for the Period Ending 06/10/03

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Right or Type Responses)

1. Name and Address of Reporting Person

REASON J PAUL

(Last) (First) (Middle)

Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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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</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/6/2003</td>
<td>A</td>
<td>1951.00</td>
<td>$53.83</td>
</tr>
<tr>
<td></td>
<td>6/6/2003</td>
<td>A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D)</th>
<th>Exercisable and Expiration Date</th>
<th>Title and Amount of Derivative Security Underlying Derivative Security</th>
<th>Price of Derivative Security</th>
<th>Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
</table>

Explanation of Responses:

Reporting Owners
**Signatures**

<table>
<thead>
<tr>
<th>J. Paul Reason</th>
<th>6/10/2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature of Reporting Person</strong></td>
<td>Date</td>
</tr>
<tr>
<td>J. Paul Reason</td>
<td>6/10/2003</td>
</tr>
<tr>
<td><strong>Signature of Reporting Person</strong></td>
<td>Date</td>
</tr>
</tbody>
</table>

* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.