WAL MART STORES INC
Reported by
MAYER MARISSA A

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/03/14 for the Period Ending 12/31/13

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)

3. Date of Earliest Transaction (MM/DD/YYYY)
   12/31/2013

6. Individual or Joint/Group Filing
   X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Common

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>12/31/2013</td>
<td>A</td>
<td>286</td>
<td>$0</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>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Price of Derivative Security</th>
</tr>
</thead>
</table>

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 by using the closing price of the Issuer’s common stock on the date of grant.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAYER MARISSA A</td>
<td>Director 10% Owner Officer Other</td>
</tr>
<tr>
<td>702 SOUTHWEST 8TH STREET</td>
<td>X</td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716-0215</td>
<td></td>
</tr>
</tbody>
</table>

Signatures

/s/ Erron W. Smith, by power of attorney 1/3/2014

** Signature of Reporting Person

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.