WAL MART STORES INC
Reported by
BURNS M MICHELE

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 09/10/08 for the Period Ending 09/08/08

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
FORM 4

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 *
BURNS M MICHELE
702 S.W. 8TH STREET
BENTONVILLE, AR 72716-0215

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

3. Date of Earliest Transaction (MM/DD/YYYY)
9/8/2008

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
(X) Director

6. Individual or Joint/Group Filing
(X) Form filed by One Reporting Person

7. Nature of Indirect Beneficial Ownership

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

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>9/8/2008</td>
<td>S</td>
<td>7000</td>
<td>$61.4547</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9452.1 (1)</td>
</tr>
</tbody>
</table>

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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) Balance adjusted to reflect shares acquired through dividend reinvestment.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURNS M MICHELE</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>10% Owner</td>
</tr>
<tr>
<td></td>
<td>Officer</td>
</tr>
</tbody>
</table>

Signature


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.