WAL MART STORES INC
Reported by
SYSTROM KEVIN

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 07/01/15 for the Period Ending 06/30/15

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *
   Systrom Kevin
   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)
   6/30/2015

4. If Amendment, Date Original Filed
   6/30/2015

5. Relationship of Reporting Person(s) to Issuer
   X Director
   ___ 10% Owner
   ___ Officer (give title below)
   ___ Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Common

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Trans. Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/2015</td>
<td>A</td>
<td>339 $(1)</td>
<td>$0</td>
</tr>
</tbody>
</table>

| Price |
| 4872 |

D

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

<table>
<thead>
<tr>
<th>Code</th>
<th>(A)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>(A)</td>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Price of Derivative Security (Instr. 5) |
| 9 |

| Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) |
| 1 |

| Nature of Indirect Beneficial Ownership (Instr. 4) |
| V |

Explanation of Responses:
(1) Represents quarterly director compensation, which the Reporting Person elected to receive 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>Systrom Kevin</td>
<td>Director 10% Owner Officer Other</td>
</tr>
<tr>
<td>702 SW 8TH STREET BENTONVILLE, AR 72716</td>
<td>X</td>
</tr>
</tbody>
</table>

Signatures

/s/ Geoffrey W. Edwards, by power of attorney 7/1/2015

** 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.