

WAL MART STORES INC

Reported by **HOLLEY CHARLES M**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/06/14 for the Period Ending 03/04/14

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





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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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 *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
HOLLEY CHARLES M							L MAR MT]	T ST	ΟI	RES II	N(C		Directo	or	_	10% Ov	wner
(Last)	(First)		(Middle)		3.	3. Date of Earliest Transaction (MM/DD/YYYY)							YYYY)	X Officer (give title below) Other (specify below) Other (specify below)				
702 S.W. 8TH STREET								3/4	/2	014				Executive	VICE III	csiuciii		
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
BENTONVILLE, AR 72716-0215														W.E. Cittle O.D. Cit				
(City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	ole I - No	n-De	eriv	ativ	e Securi	ties Acq	Įui	ired, Di	sp	osed	l of, or l	Beneficially	y Owned			
				2. Trans. Date		2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securiti Acquired (Disposed ((Instr. 3, 4		(A) or Follow of (D) (Instr		Form Dire		Ownership Form: Direct (D)	ct (D) Ownership		
							any	Code	V		or (D		ice				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 3/-				3/4/20	1/2014		A		22953 (1)	A	\$74.	.12	272703.582		D			
Common Stock 3/2				3/4/20	014		D		1011 (2)	D	\$74.	.12	271692.582 (3)			D		
Common Stock														139	2.0113		I	By 401(k) Plan
Tab	ole II - De	rivati	ive Secur	ities	Be	nefi	cially O	wned (<i>e</i>	2.g	. , puts,	, ca	alls,	warran	ts, options,	convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	Fitle of Derivate 2. 3. 3A. 4. Trans. Str. 3) Conversion Trans. Deemed Trans. or Exercise Date Execution Code			. 8)	Deriva Secur Acqui Dispo	ative	6. Date Exercisable and Expiration Date			S C (I	ecurit Derivat Instr. 3	e and Amorties Underl tive Securi 3 and 4)	ying ty	-		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)	A) (D) Date Expiration Date Compare Compar				(s) (Instr. 4)							

Explanation of Responses:

- (1) Represents the vesting of performance share units for the three-year period ending January 31, 2014, as certified by the Compensation, Nominating and Governance Committee on March 4, 2014. The receipt of the vested shares was deferred to a future date under an election made in a prior year.
- (2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.
- (3) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. 2004 Associate Stock Purchase Plan.

Reporting Owners

Paperting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
HOLLEY CHARLES M									
702 S.W. 8TH STREET			Executive Vice President	;					
BENTONVILLE, AR 72716-0215									

Signatures

/s/ Geoffrey W. Edwards, by Power of Attorney

3/6/2014

** Signature of Reporting Person

Date

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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.