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
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 *
HOLLEY CHARLES M
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)
3/4/2014

5. Relationship of Reporting Person(s) to Issuer
( Check all applicable)
_____ Director
X _____ 10% Owner
__ ____ Officer (give title below)
_____ Other (specify below)
Executive Vice President

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

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>Trans. Code</th>
<th>Deemed Execution Date, if any (Instr. 8)</th>
<th>Amount (A) or (D)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/4/2014</td>
<td>A</td>
<td>22953</td>
<td>A</td>
<td>$74.12</td>
<td>272703.582</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>3/4/2014</td>
<td>D</td>
<td>1011</td>
<td>D</td>
<td>$74.12</td>
<td>271692.582</td>
<td>D</td>
<td></td>
<td></td>
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<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1392.0113</td>
<td>I</td>
<td>By 401(k) Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivate Security (Instr. 3)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Trans. Code</th>
<th>Deemed Execution Date, if any (Instr. 8)</th>
<th>Amount or Number of Shares</th>
<th>Price of Derivative Security (Instr. 5)</th>
<th>Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLLEY CHARLES M</td>
<td>Executive Vice President</td>
</tr>
<tr>
<td>702 S.W. 8TH STREET</td>
<td></td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716-0215</td>
<td></td>
</tr>
</tbody>
</table>
Signatures


** 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).


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.