WAL MART STORES INC
Reported by
CORBETT ROGER C

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 09/30/08 for the Period Ending 09/26/08

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

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 *
Corbett Roger C
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)
9/26/2008

4. If Amendment, Date Original Filed (MM/DD/YYYY)

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

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

7. Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Trans. Execution Date, if any</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>9/26/2008</td>
<td>A</td>
<td>329.44 (1)</td>
<td>A $0</td>
<td>5092.4778</td>
</tr>
<tr>
<td>Common Stock</td>
<td>9/26/2008</td>
<td>F</td>
<td>98.832 (2)</td>
<td>D $60.71</td>
<td>4993.6458</td>
</tr>
</tbody>
</table>

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

| Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Trans. Date | Trans. Code | Trans. Execution Date, if any | Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4) | Date Exercisable | Expiration Date | Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | Price of Derivative Security (Instr. 5) | Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Nature of Indirect Beneficial Ownership (Instr. 4) |
|----------------------------------------|---------------------------------------------------|-------------|-------------|-------------------------------|------------------------------------------------------------------------------------------------|------------------|----------------|--------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|---|

9. Nature of Indirect Beneficial Ownership

10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:
(1) Represents $20,000 equity grant as part of non-management director compensation.
(2) This amount represents shares withheld to satisfy a tax withholding obligation.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corbett Roger C</td>
<td>Director</td>
</tr>
<tr>
<td>702 SW 8TH STREET</td>
<td>10% Owner</td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716</td>
<td>Officer</td>
</tr>
</tbody>
</table>

Signatures

/s/ Geoffrey W. Edwards, by Power of Attorney
9/30/2008

OMA APPROVAL
OMB Number: 3235-0287
Expires: February 28, 2011
Estimated average burden hours per response... 0.5
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.