WAL MART STORES INC  
Reported by  
HOLLEY CHARLES M  

**FORM 4**  
(Statement of Changes in Beneficial Ownership)  

Filed 03/04/11 for the Period Ending 03/02/11  

| 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  

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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 *

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)

3/2/2011

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

5. Relationship of Reporting Person(s) to Issuer

_____ Director
_____ 10% Owner
X Officer (give title below)
_____ Other (specify below)

Executive Vice President

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)

2. Trans. Date

3. Trans. Code (Instr. 8)

4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

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

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

<table>
<thead>
<tr>
<th>Common Stock</th>
<th>3/2/2011</th>
<th>A</th>
<th>16832 (1)</th>
<th>A</th>
<th>$51.97</th>
<th>148550.105</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/2/2011</td>
<td>F</td>
<td>5631 (2)</td>
<td>D</td>
<td>$51.97</td>
<td>142919.105</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1291.031</td>
<td>I</td>
</tr>
</tbody>
</table>

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

1. Title of Derivate Security (Instr. 3)

2. Conversion or Exercise Price of Derivative Security

3. Trans. Date

4. Trans. Code (Instr. 8)

5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

6. Date Exercisable and Expiration Date

7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

8. Price of Derivative Security (Instr. 5)

9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

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

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

<table>
<thead>
<tr>
<th>Common Stock</th>
<th>3/2/2011</th>
<th>A</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Ownership Form of Derivative Security</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
</table>

Explanation of Responses:

(1) Represents the vesting of performance shares for the three-year period ending January 31, 2011, as certified by the Compensation, Nominating and Governance Committee on March 2, 2011.

(2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance shares.

Reporting Owners

Reporting Owner Name / Address

HOLLEY CHARLES M
702 S.W. 8TH STREET
BENTONVILLE, AR 72716-0215

Relationships

Director 10% Owner Officer Other

Executive Vice President
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.