WAL MART STORES INC
Reported by
OPIE JOHN D

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 04/04/05 for the Period Ending 03/31/05

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
WAL MART STORES INC

FORM 4
(Statement of Changes in Beneficial Ownership)


Address 702 SOUTHWEST 8TH ST
BENTONVILLE, Arkansas 72716
Telephone 501-273-4000
CIK 0000104169
Industry Retail (Department & Discount)
Sector Services
Fiscal Year 01/31
**FORM 4**

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

**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 *

   **OPIE JOHN D**
   
   **702 S.W. 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)

   **3/31/2005**

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

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

   - **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

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

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>4. Securities Acquired (A) or Disposed of (D)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/31/2005</td>
<td>297.18</td>
<td>A</td>
<td>8648.44</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>3/31/2005</td>
<td></td>
<td>A</td>
<td>8648.44</td>
<td>D</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 Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>4. Trans. Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
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</table>

**Explanation of Responses:**

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
<th>Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPIE JOHN D</strong></td>
<td><strong>X</strong></td>
<td><strong>/s/ Samuel A. Guess, By Power of Attorney</strong></td>
</tr>
<tr>
<td><strong>702 S.W. 8TH STREET</strong></td>
<td></td>
<td><strong>4/4/2005</strong></td>
</tr>
<tr>
<td><strong>BENTONVILLE, AR 72716</strong></td>
<td></td>
<td><strong>/s/ Reporting Person</strong></td>
</tr>
</tbody>
</table>

**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.