WAL MART STORES INC
Reported by
WOLF LINDA S

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/07/05 for the Period Ending 06/03/05

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)

Filed 6/7/2005 For Period Ending 6/3/2005

Address 702 SOUTHWEST 8TH ST
BENTONVILLE, Arkansas 72716
Telephone 501-273-4000
CIK 0000104169
Industry Retail (Department & Discount)
Sector Services
Fiscal Year 01/31
**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>V</th>
<th>Amount (A) or (D) Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/3/2005</td>
<td>A</td>
<td></td>
<td>2956.71</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Code</th>
<th>V</th>
<th>Amount (A) or (D) Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>I</td>
<td></td>
<td>145.00</td>
</tr>
<tr>
<td>Common Stock</td>
<td>I</td>
<td></td>
<td>290.00</td>
</tr>
<tr>
<td>Common Stock</td>
<td>I</td>
<td></td>
<td>2295.00</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</th>
<th>Code</th>
<th>V</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
</table>

**Explanation of Responses:**

(1) Each outside director is entitled to $140,000 of stock as part of his or her annual retainer.

**Signatures**

/s/ Samuel A. Guess, by Power of Attorney

6/7/2005
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.