WAL MART STORES INC
Reported by
WALTON S ROBSON

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/04/09 for the Period Ending 06/01/09

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
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 *
   WALTON S ROBSON
   (Last) (First) (Middle)
   702 S. W. 8TH STREET
   (Street)
   BENTONVILLE, AR 72716-0215
   (City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
   WAL MART STORES INC [ WMT ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   6/1/2009

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

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   _X_ Director  _X_ 10% Owner
   _X_ Officer (give title below) _____ Other (specify below)
   Chairman of the Board

6. Individual or Joint/Group Filing (Check Applicable Line)
   _X_ Form filed by One Reporting Person
   _X_ 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</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Amount</th>
<th>Price</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/1/2009</td>
<td>G</td>
<td>490088</td>
<td>$0</td>
<td>D</td>
<td>By Trust</td>
</tr>
<tr>
<td>Common Stock</td>
<td>6/1/2009</td>
<td>G</td>
<td>490088</td>
<td>$0</td>
<td>A</td>
<td>By Limited Liability Company</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<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</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Date Exercisable and Expiration Date</th>
<th>Title and Amount of Securities Underlying Derivative Security</th>
<th>Price of Derivative Security</th>
<th>Number of Derivative Securities Beneficially Owned</th>
<th>Ownership Form of Derivative Security</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Explanation of Responses:

(1) The reporting person is a member of a Section 13(g) group that owns more than 10% of the issuer's outstanding common stock.

(2) The reporting person is a trustee of a trust that owns the reported securities. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interests therein.

(3) The reporting person is a member of Walton Enterprises, LLC (the "LLC"), the limited liability company that owns the reported securities. The reporting person disclaims beneficial ownership of the reported securities held by the LLC except to the extent of his pecuniary interests therein.

(4) Represents shares held through the Wal-Mart Stores, Inc. Profit Sharing and 401(k) Plan, as amended and restated, in which the reporting person is a participant. The information reported herein is based on a plan statement dated June 1, 2009.
### Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Director</th>
<th>10% Owner</th>
<th>Officer</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALTON S ROBSON</td>
<td>X</td>
<td>X</td>
<td>Chairman of the Board</td>
<td></td>
</tr>
<tr>
<td>702 S.W. 8TH STREET</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716-0215</td>
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</tbody>
</table>

**Signatures**


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.