WAL MART STORES INC
Reported by
ALVAREZ AIDA

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/04/07 for the Period Ending 06/01/07

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
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 *
   
   ALVAREZ AIDA  
   
   (Last) (First) (Middle)  
   
   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)  
   6/1/2007  

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)  
   
   _ Form filed by One Reporting Person  
   
   ___ Form filed by More than One Reporting Person  

7. Nature of Indirect Beneficial Ownership (Instr. 4)  
   
   Code V Amount (A) or (D) Price  
   

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Code</th>
<th>Amount (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/1/2007</td>
<td></td>
<td>A</td>
<td>2830</td>
<td>$0</td>
</tr>
</tbody>
</table>

(1) Each non-management director is entitled to $140,000 of stock as part of his or her non-management director compensation.  
(2) Balance adjusted to reflect shares acquired through dividend reinvestment.  

Explanation of Responses:  

Reporting Owners  

Reporting Owner Name / Address  
   
   ALVAREZ AIDA  
   
   702 SW 8TH STREET  
   
   BENTONVILLE, AR 72716  

Relationships  
   
   _ X ___ Director  
   
   ______ 10% Owner  
   
   ____ Officer  
   
   _____ Other  

Signatures  

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

** Signature of Reporting Person  

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2008  
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.