WAL MART STORES INC
Reported by
WALTON HELEN R

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 10/10/06 for the Period Ending 10/06/06

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
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 HELEN R
125 W. CENTRAL #218
BENTONVILLE, AR 72712

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

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

10/6/2006

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


5. Relationship of Reporting Person(s) to Issuer
(ENTER CHECKED BOXES)

_____ Director

_____ 10% Owner

_____ Officer (give title below) ___ X ___ Other (specify below)

Section 13(g) group member (2)

6. Individual or Joint/Group Filing (CHECK APPLICABLE LINE)

_ X _ Form filed by One Reporting Person

___ Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</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>10/6/2006</td>
<td>J (1)</td>
<td>14080</td>
<td>D $0</td>
<td>0</td>
<td>I</td>
<td>By Custodian</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivate Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</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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### Explanation of Responses:

(1) The reporting person no longer serves as Custodian and, as a result, no longer has a reportable beneficial interest in 14,080 shares of the Issuer's common stock.

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

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

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### Reporting Owners

<p>| Reporting Owner Name / Address | Relationships |</p>
<table>
<thead>
<tr>
<th>Director</th>
<th>10% Owner</th>
<th>Officer</th>
<th>Other</th>
</tr>
</thead>
</table>
| WALTON HELEN R  
125 W. CENTRAL #218  
BENTONVILLE, AR 72712 |

**Section 13(g) group member (2)**

Signatures

/s/ Samuel A. Guess, by Power of Attorney  
10/10/2006

** Signature of Reporting Person  
Date

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.