WAL MART STORES INC
Reported by
FORD ROLLIN L.

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 03/28/08 for the Period Ending 03/26/08

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
STREET DATE OF EIGHT TRANSACTION (MM/DD/YYYY)
3/26/2008

3. Trans. Code (Instr. 8)
G

4. Securities Acquired (A) or Disposed of (D)
Amount
V
472

5. Amount of Securities Beneficially Owned Following Reported Transaction(s)
$0
5757

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)
I

7. Nature of Indirect Beneficial Ownership (Instr. 4)
By Wife's Trust

COMMON STOCK

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

1. Title of Derivative Security (Instr. 3)

2. Conversion orExercise Price of Derivative Security

3. Trans. Date

4. Trans. Code (Instr. 8)

5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)

6. Date Exercisable and Expiration Date

7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

8. Price of Derivative Security (Instr. 5)

9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)

10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

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

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address          Relationships
Ford Rollin L.                              Director 10% Owner Officer Other
702 S.W. 8TH STREET BENTONVILLE, AR 72716-0215     EVP and CIO

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.