WAL MART STORES INC
Reported by
QUESTROM ALLEN I

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 10/02/07 for the Period Ending 09/28/07

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
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
   QUESTROM ALLEN I
   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
   9/28/2007

4. If Amendment, Date Original Filed
   9/28/2007

5. Relationship of Reporting Person(s) to Issuer
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing
   X Form filed by One Reporting Person
   ___ 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>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>9/28/2007</td>
<td>A</td>
<td>343.64</td>
<td>$43.65</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3291.33</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Balance adjusted to reflect shares acquired through dividend reinvestment.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUESTROM ALLEN I</td>
<td>X</td>
</tr>
<tr>
<td>702 SW 8TH STREET</td>
<td></td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716</td>
<td></td>
</tr>
</tbody>
</table>

Signatures


**Signature of Reporting Person

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.