WAL MART STORES INC
Reported by
FLYNN TIMOTHY PATRICK

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 10/02/12 for the Period Ending 09/30/12

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *  
   **FLYNN TIMOTHY PATRICK**  
   **702 SW 8TH STREET**  
   **BENTONVILLE, AR 72716-0215**

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

5. Relationship of Reporting Person(s) to Issuer  
   (Check all applicable)  
   __X__ Director  
   ____ 10% Owner  
   ____ Officer (give title below)  
   ____ Other (specify below)

3. Date of Earliest Transaction (MM/DD/YYYY)  
   **9/30/2012**

4. If Amendment, Date Original Filed (MM/DD/YYYY)  
   **9/30/2012**

6. Individual or Joint/Group Filing (Check Applicable Line)  
   ___ 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>Securities Acquired or Disposed of (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form: Direct (D) or Indirect (I)</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common</strong></td>
<td><strong>9/30/2012</strong></td>
<td><strong>A</strong></td>
<td><strong>146</strong> (A)</td>
<td><strong>$0</strong></td>
<td>Direct (D)</td>
<td>110 Shares (A)</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>Deemed Execution Date, if any</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable and Expiration Date</th>
<th>Title and Amount of Derivative Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>Price of Derivative Security</th>
<th>Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Explanation of Responses:**

(1) Represents prorated quarterly director compensation based on the Reporting Person's appointment to the Issuer's Board of Directors on July 27, 2012, which the Reporting Person elected to defer in the form of stock. The number of shares was determined using the closing price of the Issuer's common stock on the last trading day prior to date of grant.

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLYNN TIMOTHY PATRICK</strong></td>
<td></td>
</tr>
<tr>
<td><strong>702 SW 8TH STREET</strong></td>
<td></td>
</tr>
<tr>
<td><strong>BENTONVILLE, AR 72716-0215</strong></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
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<tr>
<td>10% Owner</td>
</tr>
<tr>
<td>Officer</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>/s/ Erron W. Smith, by power of attorney</td>
</tr>
</tbody>
</table>

**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.