WAL MART STORES INC
Reported by
CHAMBERS MARY SUSAN

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/21/15 for the Period Ending 01/19/15

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

Chambers Mary Susan

WAL MART STORES INC [ WMT ]

1. Name and Address of Reporting Person 
2. Issuer Name and Ticker or Trading Symbol
3. Date of Earliest Transaction (MM/DD/YYYY)
4. If Amendment, Date Original Filed (MM/DD/YYYY)
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   _____ Director
   _____ 10% Owner
   ___ Officer (give title below)
   _____ Other (specify below)
   _X_ Executive Vice President

6. Individual or Joint/Group Filing (Check Applicable Line)
   ___ Form filed by One Reporting Person
   _X_ Form filed by More than One Reporting Person

702 S.W. 8TH STREET
BENTONVILLE, AR 72716-0215

Common Stock 1/19/2015 F 315 (1) D $86.77 209933.677 (2) D
Common Stock

Explanation of Responses:
( 1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock. The receipt of vested shares was deferred to a future date.
( 2) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. 2004 Associate Stock Purchase Plan.
( 3) Balance adjusted to reflect shares acquired through the Walmart 401(k) Plan.

Reporting Owners

Chambers Mary Susan

/s/ Geoffrey W. Edwards, by Power of Attorney 1/21/2015

** 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.