WAL MART STORES INC
Reported by
SHEWMAKER JACK C

FORM 4/A
(Amended Statement of Changes in Beneficial Ownership)

Filed 04/06/04 for the Period Ending 03/31/04

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 *
   SHEWMAKER JACK C
   P. O. BOX 1476
   BENTONVILLE, AR 72712

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   3/31/2004

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

1. Title of Security (Instr. 3)  2. Trans. Date  3. Trans. Code (Instr. 8)  4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)  5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)  7. Nature of Indirect Beneficial Ownership (Instr. 4)

Common Stock 3/31/2004 A 118.00 A $59.7850 605904.00 I By Limited Partnership

Common Stock 4/2/2004 A 118.00 A $59.7850 605904.00 I By Trust

Common Stock 3600.00 I By Wife

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


Common Stock 3600.00 I By Wife

Explanation of Responses:

Reporting Owners
Reporting Owner Name / Address
SHEWMAKER JACK C
P. O. BOX 1476
BENTONVILLE, AR 72712

X

Signatures
/s/ Samuel A. Guess, By Power of Attorney
4/6/2004

** 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.