WAL MART STORES INC
Reported by
MCMILLON C DOUGLAS

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/27/09 for the Period Ending 01/23/09

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

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

3. Date of Earliest Transaction
   1/23/2009

4. If Amendment, Date Original Filed
   (MM/DD/YYYY)

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

   Executive Vice President

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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 (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>1/23/2009</td>
<td>A</td>
<td>28438</td>
<td>$0</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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Explanation of Responses:


Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>McMillon C Douglas</td>
<td>Director</td>
</tr>
<tr>
<td>702 S.W. 8TH STREET</td>
<td>10% Owner</td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716-0215</td>
<td>Executive Vice President</td>
</tr>
</tbody>
</table>
Remainder: 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.