WAL MART STORES INC
Reported by
DUKE MICHAEL T

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/05/05 for the Period Ending 01/03/05

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
Form 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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 *

DUKE MICHAEL T
702 SOUTHWEST 8TH STREET
BENTONVILLE, AR 72716

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

_____ Director

_____ 10% Owner

__ X Officer (give title below)

_____ Other (specify below)

Executive Vice President

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

1/3/2005

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

6. Individual or Joint/Group Filing (Check Applicable Line)

_ 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>Trans. Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>1/3/2005</td>
<td>A</td>
<td>25904.00</td>
<td>$53.35</td>
</tr>
<tr>
<td>Common Stock</td>
<td>1/5/2005</td>
<td>A</td>
<td>74013.00</td>
<td>$53.35</td>
</tr>
</tbody>
</table>

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

| Title of Derivate Security | Conversion or Exercise Price of Derivative Security | Trans. Date | Trans. Code | Number of Derivative Securities Acquired (A) or Disposed of (D) | Date Exercisable | Expiration Date | Title of Security | Amount or Number of Shares | Price of Derivative Security | Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Nature of Indirect Beneficial Ownership |
|---------------------------|---------------------------------------------------|-------------|-------------|---------------------------------------------------------------|-----------------|-----------------|-------------------|---------------------------|-------------------------------|----------------------------------------------------------------------------------|
| Stock Option              | $53.35                                            | 1/3/2005    | A           | 74013.00                                                     | 1/3/2006        | 1/2/2015        | Common Stock      | 74013.00                  | $53.35                        | 74013.00 (1)                                                                   | Direct (D) or Indirect (I) (Instr. 4) |

Explanation of Responses:

(1) This option to purchase shares of Wal-Mart common stock was granted under the Wal-Mart Stock Incentive Plan of 1998 in a transaction exempt under Rule 16b-3. This option becomes exercisable in 1/5 increments each year after the grant date and includes a tandem tax withholding right.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUKE MICHAEL T</td>
<td>Director</td>
</tr>
<tr>
<td>702 SOUTHWEST 8TH STREET</td>
<td>10% Owner</td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716</td>
<td>Officer</td>
</tr>
<tr>
<td></td>
<td>Executive Vice President</td>
</tr>
</tbody>
</table>
Signatures
/s/ Samuel A. Guess, By Power of Attorney 1/5/2005

** Signature of Reporting Person Date

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.