WAL MART STORES INC
Reported by 
CHEESEWRIGHT DAVID

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 12/02/14 for the Period Ending 11/28/14

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

1. Name and Address of Reporting Person *
Cheesewright David

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

3. Date of Earliest Transaction (MM/DD/YYYY)
11/28/2014

4. If Amendment, Date Original Filed

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

Executive Vice President

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

Explanation of Responses:
(1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock units.

Reporting Owners

Reporting Owner Name / Address
Cheesewright David
702 SW 8TH STREET
BENTONVILLE, AR 72716

Relationships
Executive Vice President

Signatures
/s/ Geoffrey W. Edwards, by power of attorney 12/2/2014

** 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.