WAL MART STORES INC
Reported by
CHAMBERS MARY SUSAN

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/28/14 for the Period Ending 01/24/14

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

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**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

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1. Name and Address of Reporting Person *

Chambers Mary Susan

(Last) (First) (Middle)

702 S.W. 8TH STREET

(Bentonville, AR 72716-0215)

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2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

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

1/24/2014

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

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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

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

_ Form filed by One Reporting Person

_ Form filed by More than One Reporting Person

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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>Amount</th>
<th>Code</th>
<th>Ownership Form</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>1/24/2014</td>
<td>6719</td>
<td>A</td>
<td>Direct (D)</td>
<td>208946.751</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>492.2843</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Conversion or Exercise Price</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Trans. Code (Instr. 8)</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable and Expiration Date</th>
<th>Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>Price of Derivative Security (Instr. 5)</th>
<th>Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1/24/2014</td>
<td></td>
<td>V</td>
<td>(A) or (D)</td>
<td>Date Exercisable</td>
<td>Title and Amount of Shares</td>
<td>Price of Derivative Security</td>
<td>Number of derivative Securities Beneficially Owned Following Reported Transaction(s)</td>
<td>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</td>
<td>Nature of Indirect Beneficial Ownership (Instr. 4)</td>
</tr>
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</tbody>
</table>

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**Explanation of Responses:**

(1) Restricted stock granted on January 24, 2014 and will vest on January 24, 2017.

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**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chambers Mary Susan</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>Officer</td>
</tr>
<tr>
<td></td>
<td>Executive Vice President</td>
</tr>
</tbody>
</table>

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**Signatures**


**Signature of Reporting Person**

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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.