WAL MART STORES INC
Reported by
WILLIAMS CHRISTOPHER J

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/04/06 for the Period Ending 12/30/05

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

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1. Name and Address of Reporting Person *

WILLIAMS CHRISTOPHER J  
650 5TH AVE., 10TH FLOOR  
NEW YORK, NY 10019

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

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

12/30/2005

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

X Director  

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

X Form filed by One Reporting Person  

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<table>
<thead>
<tr>
<th>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title of Security (Instr. 3)</td>
</tr>
<tr>
<td>Common Stock</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title of Derivate Security (Instr. 3)</td>
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</tbody>
</table>

**Explanation of Responses:**

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAMS CHRISTOPHER J</td>
<td>Director 10% Owner Officer Other</td>
</tr>
</tbody>
</table>

| 650 5TH AVE., 10TH FLOOR | X |
| NEW YORK, NY 10019 |

**Signatures**

/\ Samual A. Guess, By Power of Attorney

1/4/2006

**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.