FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/07/11 for the Period Ending 06/03/11

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
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

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

<table>
<thead>
<tr>
<th>Date</th>
<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>6/3/2011</td>
<td>Common Stock</td>
<td></td>
<td>A</td>
<td>3261</td>
<td></td>
</tr>
<tr>
<td>6/3/2011</td>
<td>Common Stock</td>
<td></td>
<td>A</td>
<td>3148</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Title of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/3/2011</td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:

(1) Represents annual equity grant as part of the Reporting Person’s non-management director compensation. The receipt of these shares was deferred to a future date under an election previously made by the Reporting Person.

(2) Includes 27,685.2282 shares previously owned indirectly through the Wal-Mart Stores, Inc. Profit Sharing and 401(k) Plan.

Reporting Owners

Scott H Lee Jr
702 S.W. 8TH STREET
BENTONVILLE, AR 72716-0215

Signatures

/s/ Jennifer F. Rudolph, By Power of Attorney

6/7/2011
** 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.