WAL MART STORES INC
Reported by
WILLIAMS CHRISTOPHER J

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 07/02/07 for the Period Ending 06/29/07

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
WAL MART STORES INC

FORM 4
(Statement of Changes in Beneficial Ownership)


Address 702 SOUTHWEST 8TH ST
BENTONVILLE, Arkansas 72716
Telephone 501-273-4000
CIK 0000104169
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 *
   WILLIAMS CHRISTOPHER J
   702 S.W. 8TH STREET
   BENTONVILLE, AR 72716-0215

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

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   6/29/2007

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>Securities Acquired</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>6/29/2007</td>
<td>A</td>
<td>389,7319 (A)</td>
<td>15136.6185 (1)</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$48.11 (D)</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired or Disposed of (A) or (D) (Instr. 3 and 4)</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. 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></td>
<td>3A. Deemed Execution Date, if any</td>
<td>5. Date Exercisable and Expiration Date</td>
<td>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</td>
<td>8. Price of Derivative Security (Instr. 5)</td>
<td>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</td>
<td>10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</td>
<td>11. Nature of Indirect Beneficial Ownership (Instr. 4)</td>
</tr>
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</tbody>
</table>

Explanation of Responses:
(1) Balance adjusted to reflect shares acquired through dividend reinvestment.

Reporting Owners

Reporting Owner Name / Address
WILLIAMS CHRISTOPHER J 702 S.W. 8TH STREET
BENTONVILLE, AR 72716-0215

Relationships

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Director</th>
<th>10% Owner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>X</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signatures

/s/ Geoffrey W. Edwards, by Power of Attorney
7/2/2007

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.