WAL MART STORES INC
Reported by
WOLF LINDA S

FORM 4
(Statement of Changes in Beneficial Ownership)

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

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
1. Name and Address of Reporting Person *

Wolf Linda S

(Wolf Linda S)

702 S.W. 8TH STREET

BENTONVILLE, AR 72716-0215

2. Issuer Name and Ticker or Trading Symbol

WAL MART STORES INC [ WMT ]

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

6/2/2006

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


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

__ X __ Director

____ 10% Owner

_____ Officer (give title below)

_____ Other (specify below)

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
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</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td>V</td>
<td>Amount (A) or (D)</td>
<td>Amount of Securities Beneficially Owned Following Reported Transaction(s)</td>
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<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td>V</td>
<td>0</td>
<td>I</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td>V</td>
<td>2440</td>
<td>I</td>
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<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td>V</td>
<td>290</td>
<td>I</td>
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<tr>
<td>Common Stock</td>
<td>6/2/2006</td>
<td>6/2/2006</td>
<td>A</td>
<td>2927.03</td>
<td>A</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(1)</td>
<td>5883.74</td>
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</tbody>
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Explanation of Responses:

(1) Each non-management director is entitled to $140,000 of stock as part of his or her non-management director compensation.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
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</thead>
<tbody>
<tr>
<td>Wolf Linda S</td>
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<tr>
<td>702 S.W. 8TH STREET</td>
<td></td>
</tr>
<tr>
<td>BENTONVILLE, AR 72716-0215</td>
<td></td>
</tr>
</tbody>
</table>

Signatures

** 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.