WAL MART STORES INC
Reported by
BURNS M MICHELE

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 06/09/09 for the Period Ending 06/05/09

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

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**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 *

   Burns M Michele

   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)

   6/5/2009

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

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

   Code V Amount or Number of Shares

   Common Stock 6/5/2009 A 3,132,954.8 A $0 (1) 13014.1508 D

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

| 1. Title of Security   | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|------------------------|----------------|----------------------------------|---------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|
| Common Stock           | 6/5/2009       |                                  |                           |                                                                  |                                                                                 |                                                   |

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

<table>
<thead>
<tr>
<th>1. Title of Derivate Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>4. Trans. Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
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Explanations of Responses:

1. Represents annual equity grant as part of the Reporting Person's non-management director compensation.

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Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns M Michele</td>
<td></td>
</tr>
<tr>
<td>702 S.W. 8th Street</td>
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<tr>
<td>Bentonville, AR 72716-0215</td>
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</tr>
</tbody>
</table>

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Signatures

/s/ Geoff W. Edwards, by Power of Attorney

6/9/2009

** 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.