WAL MART STORES INC
Reported by
CHEESEWRIGHT DAVID

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 11/25/14 for the Period Ending 11/24/14

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**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person 
   Cheesewright David
   702 SW 8TH STREET
   BENTONVILLE, AR 72716

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   11/24/2014

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

5. Relationship of Reporting Person(s) to Issuer
   X Executive Vice President

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>Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>11/24/2014</td>
<td>S</td>
<td>12000</td>
<td>$85.2247</td>
<td>D</td>
<td>68988.125 (1)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Date</th>
<th>Code</th>
<th>(A)</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
</table>

**Explanation of Responses:**

(1) Balance adjusted to reflect shares acquired through dividend reinvestment.

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheesewright David</td>
<td>Director, 10% Owner, Officer, Executive Vice President</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.