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 *
Gearhart Jeffrey J
702 SOUTHWEST 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)
8/1/2015

4. If Amendment, Date Original Filed

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

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</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>8/1/2015</td>
<td>F</td>
<td>4772</td>
<td>D</td>
<td>71.98</td>
<td></td>
<td>95263.688</td>
<td>(2)</td>
<td>D</td>
<td></td>
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<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1064.2715</td>
<td>(3)</td>
<td>I</td>
<td>By 401(k) Plan</td>
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</table>

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

Explanation of Responses:
(1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock.
(2) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. 2004 Associate Stock Purchase Plan.
(3) Balance adjusted to reflect shares acquired through the Walmart 401(k) Plan.

Reporting Owners

Reporting Owner Name / Address
Gearhart Jeffrey J
702 SOUTHWEST 8TH STREET
BENTONVILLE, AR 72716-0215

Relationships
Director 10% Owner Officer Executive Vice President Other

Signatures
/s/ Geoffrey W. Edwards, by Power of Attorney

Date 8/3/2015
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.