WAL MART STORES INC
Reported by
SIMON WILLIAM S

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 03/04/11 for the Period Ending 03/02/11

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
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 *
Simon William S
702 S.W. 8TH STREET
BENTONVILLE, AR 72712-0215

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

3. Date of Earliest Transaction (MM/DD/YYYY)
3/2/2011

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

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

   _____ Director
   __ X __ 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

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

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

<table>
<thead>
<tr>
<th>Title of Security</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, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3/2/2011</td>
<td>A</td>
<td>18174 (1) A</td>
<td>$51.97</td>
<td>186044 D</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>3/2/2011</td>
<td>F</td>
<td>6080 (2) D</td>
<td>$51.97</td>
<td>179964 D</td>
<td>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 (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. 3 and 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>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Date Exercisable Expiration Date Title Amount or Number of Shares</td>
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Explanation of Responses:

(1) Represents the vesting of performance shares for the three-year period ending January 31, 2011, as certified by the Compensation, Nominating and Governance Committee on March 2, 2011.

(2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance shares.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simon William S</td>
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<td>702 S.W. 8TH STREET</td>
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</tbody>
</table>

Signatures

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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.