WAL MART STORES INC
Reported by
CHAMBERS MARY SUSAN

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/27/09 for the Period Ending 01/23/09

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
Chambers Mary Susan * 
(First) (Last) (Middle) 
702 S.W. 8TH STREET 
BENTONVILLE, AR 72716-0215 
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 
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 
1. Title of Security (Instr. 3) 
2. Trans. Date 
3. Trans. Code (Instr. 8) 
4. Securities Acquired (A) or Disposed of (D) 
5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 
6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) 
7. Nature of Indirect Beneficial Ownership (Instr. 4) 

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>1/23/2009</td>
<td>A</td>
<td>7756</td>
<td>$0</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
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</tbody>
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 
1. Title of Derivative Security (Instr. 3) 
2. Conversion or Exercise Price of Derivative Security 
3. Trans. Date 
4. Trans. Code (Instr. 8) 
5. Number of Derivative Securities Acquired (A) or Disposed of (D) 
6. Date Exercisable and Expiration Date 
7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) 
8. Price of Derivative Security (Instr. 5) 
9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) 
10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) 
11. Nature of Indirect Beneficial Ownership (Instr. 4) 

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Code</th>
<th>(A) Exercisable</th>
<th>(D) Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
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</thead>
</table>

Explanation of Responses: 

Signatures 
/s/ Geoffrey W. Edwards, by Power of Attorney 
1/27/2009
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.