WAL MART STORES INC
Reported by
SCHOEWE THOMAS M

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 01/07/09 for the Period Ending 01/05/09

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
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 *
   
   SCHOEWE THOMAS M
   702 S.W. 8TH STREET
   BENTONVILLE, AR 72716-0215

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

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

   Exec VP and CFO

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</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>1/5/2009</td>
<td></td>
<td>D</td>
<td>81482 (1)</td>
<td>D $56.52 288669 D</td>
<td>D</td>
<td>By Profit Sharing and 401(k)</td>
</tr>
<tr>
<td>Common Stock</td>
<td>1/5/2009</td>
<td></td>
<td>F</td>
<td>1284 (2)</td>
<td>D $56.52 287385 D</td>
<td>D</td>
<td>By Profit Sharing and 401(k)</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>365.2941 (3)</td>
<td>I</td>
<td>By Profit Sharing and 401(k)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative 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 and 4) (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>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Explanation of Responses:

(1) Restricted stock grant vesting on January 5, 2009 that was deferred into cash under an election made by the reporting person in a prior year.

(2) Represents the shares withheld to satisfy tax withholding obligation upon the vesting of restricted stock.

(3) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. Profit Sharing and 401(k) Plan.

Reporting Owners

<table>
<thead>
<tr>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>10% Owner</td>
</tr>
<tr>
<td>Officer</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

SCHOEWE THOMAS M
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.