

# **WAL MART STORES INC**

# Reported by **ALVAREZ AIDA**

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 06/09/15 for the Period Ending 06/05/15

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





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

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 *				*										nship of l applicat	Reporting lole)	Person(s)	to Issuer	
ALVAREZ A	AIDA					L MAR MT 1	T STC	)F	RES II	NC			<b>X</b> Direc	ctor		10%	Owner	
(Last)	(First)		(Middle)		3. Date of Earliest Transaction (MM/DD/YYYY)							D/YYYY)	Office below)	Officer (give title below)			Other (specify	
702 SW 8TH	STREE	T					6/5/	/2	015									
					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
BENTONVII (City)	CLE, AF		<b>716</b> (Zip)												Reporting Per han One Rep		n	
		Tab	ole I - Non	-Deri	ivativ	e Securi	ties Acq	ui	red, Di	spo	se	d of, or l	Beneficially	y Owned				
1.Title of Security (Instr. 3)				2. T Date	rans. e	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	d (A) d of ( 4 an	(A) or of (D) 4 and 5) Following (Instr. 3		ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						any	Code	v	Amount	(A) or (D)		rice				(I) (Instr. 4)	(111541.4)	
Common Stock				6/5/	/2015		A		2395	A	\$0	0	29766.	.4564 <sup>(2)</sup>		D		
Common Stock													2	90		I	By spouse	
Tak	ole II - De	rivati	ive Securi	ties B	Senefi	cially O	wned ( e	.g.	. , puts,	, cal	lls,	, warran	its, options	, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution C	Frans. Code Instr. 8)	Derivative Securities		6. Date Exercisable and Expiration Date			Sec De (In	curi eriva estr.	le and Amo ities Underl ative Securi . 3 and 4)	ying ity	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	(A)	(D)	Date Exercisable		Expiratior Date	on I I Amount or Number of I I I	(s) (Instr. 4)	''						

#### **Explanation of Responses:**

- (1) Represents annual equity grant as part of the Reporting Person's non-management director compensation.
- (2) Balance adjusted to reflect phantom shares acquired as dividend equivalents on deferred stock.

Reporting Owners

Treporting o willers									
Danastina Oversas Nama / Addusa	Relationships								
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other					
ALVAREZ AIDA									
702 SW 8TH STREET	X								
BENTONVILLE, AR 72716									

#### **Signatures**

/s/ Gordon Y. Allison, by Power of Attorney

6/9/2015

<sup>\*\*</sup> Signature of Reporting Person

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).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.