

WAL MART STORES INC

Reported by SCOTT H LEE JR

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/07/11 for the Period Ending 01/05/11

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





[] 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 Expires: February 28, 2011 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, 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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Scott H Lee Jr					WAL MART STORES INC [WMT]								X Dire	ctor		10% 0	Owner
(Last)	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)				
702 S.W. 8TH STREET					1/5/2011								Chairman of Exec. Committee				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
BENTONVILLE, AR 72716-0215													X Form filed by One Reporting Person				
(City) (State) (Zip)													Form filed by More than One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - No	n-Deri	vativ	e Securi	ties Acc	qui	ired, D	spo	osed of	f, or l	Beneficially	y Owned			
1.Title of Security 2. 7				2. Tr Date		2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securitie Acquired (Disposed of (Instr. 3, 4		(A) or of (D) (Instrument of (A) or (Instrum		mount of Securities Beneficially Owned owing Reported Transaction(s) tr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
						uny	Code	V	Amount	(A) or (D)	Price					(I) (Instr. 4)	(mstr. 1)
Common Stock 1/5				1/5/	2011		F		81928 (1)	D	\$54.41		738709.493			D	
Common Stock													27064.8385			I	By Profit Sharing and 401 (k)
Common Stock													3148			I	By Wife's IRA
Tal	ole II - De	rivati	ive Secui	ities B	enefi	cially O	wned (ρ. σ	nuts	ca	lls. wa	rran	ts. ontions	convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	urity Conversion Trans. Deemed Trans tr. 3) or Exercise Date Execution Code		4. Trans.	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date			7. Se De (In	Title and ecurities lerivative anstr. 3 an	l Amou Underl Securi d 4)	unt of ying ty	8. Price of	Price of rivative of derivative	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	V (A) Date Expiration Date Title Shares					ivuilluel OI		(s) (Instr. 4)					

Explanation of Responses:

(1) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance-based restricted stock.

Reporting Owners

Banautina Oryman Nama / Addussa	Relationships								
Reporting Owner Name / Address	Director	10% Owner	erOfficer	Other					
Scott H Lee Jr									
702 S.W. 8TH STREET	X		Chairman of Exec. Committee						
BENTONVILLE, AR 72716-0215									

/s/ Geoffrey W. Edwards, By Power of Attorney

1/7/2011

** 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).
- ** 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.