

WAL MART STORES INC

Reported by **BARTLETT DANIEL J**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/04/15 for the Period Ending 03/02/15

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

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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 *				* 2.	2. Issuer Name and Ticker or Trading Symbol 5. Re(Che									nship of I I applicab		Person(s)	to Issuer
Bartlett Dani	el J			V	VAI	L MAR	T ST	Ol	RES I	NC	3						
				[[WMT]								Direct	ctor		10% O	wner
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								~			Othe	r (specify
													below) Executive	Vice Pr	esident		
702 SW 8TH STREET					3/2/2015								LACCULIVE	VICE II	CSIGCIIC		
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
BENTONVII	LLE, AI	R 727	716														
(City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
															•		
		Tal	ole I - Non	-Deriv	ativ	e Securi	ties Acc	qui	ired, D	spo	osed of	f, or I	Beneficiall	y Owned			
1. Title of Security (Instr. 3)		2. Tra Date	ans.	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	l (A) l of	(A) or of (D) Foll (Ins		mount of Securities Beneficially Owned owing Reported Transaction(s) tr. 3 and 4)		Ownership	Beneficial			
						any				(A)						or Indirect (I) (Instr.	(Instr. 4)
							Code	v	Amount	or (D)	Price					(1) (Ilisti . 4)	
Common Stock 3				3/2/20	/2/2015		A		9038	. ,	\$83.93		28630		D		
Common Stock				3/2/20	015		F		319 (2)	D	\$83.93		2	28311		D	
						<u> </u>	1	1									ļ.
Tal	ole II - De	erivat	ive Securi	ties Be	enefi	cially O	wned (e .g	, puts	, ca	lls, wa	ırran	ts, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans. Date	Execution C	Trans. Code Instr. 8)	Deriv Secur Acqui Dispo		6. Date Exercisable and Expiration Date			Se D (I	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Title Amount or Number of Shares		ying ty	(Instr. 5) Sect Ben Owr Foll Rep	of derivative Securities Beneficially Owned	Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)	(D)	Date Expiration Exercisable Date		n Ti	Number of			(s) (Instr. 4)		.,		

Explanation of Responses:

- (1) Represents the vesting of performance share units for the three-year period ending January 31, 2015, as certified by the Compensation, Nominating and Governance Committee on March 2, 2015. The receipt of the vested shares was deferred to a future date.
- (2) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.

Reporting Owners

reporting 5 where									
Demonting Overson Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Bartlett Daniel J									
702 SW 8TH STREET			Executive Vice President						
RENTONVILLE, AR 72716									

Signatures

/s/ Geoffrey W. Edwards, by power of attorney

3/4/2015

^{**} 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.