FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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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 [•] Craig Pamela J. | | | 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 | | | |
| | | | | | Officer (give title | Other (specify | | | |
| (Last) | ast) (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| 702 SOUTHWEST 8TH STREET | | | 12/31/2013 | | | | | | |
| | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | idual or Joint/Group Filing (Che | eck Applicable Line) | | | |
| BENTONVILLE | AR | 72716 | | X | Form filed by One Reporting | Person | | | |
| | | | | | Form filed by More than One | e Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | |

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

| ······································ | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Ad Disposed Of (D | | 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
|--|--|---|-----------------------------|---|------------------------------------|---------------|-------------------|--|------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 12/31/2013 | | A | | 289(1) | Α | \$ <mark>0</mark> | 1,466 | D | |

Table II - Derivative Securities Acquired, Disposed of, or 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. Transaction Date (Month/Day/Year) | Transaction Code (Instr. 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|--|-----------------------------------|---|------------|-----|--|--------------------|--|----------------------------------|---|--|--|---------------------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Represents quarterly director compensation, which the Reporting Person elected to receive in the form of shares. The number of shares was determined using the closing price of the Issuer's common stock on the date of grant.

/s/ Erron W. Smith, by power of 01/03/2014

attorney ** 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 Number.

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