FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROV | Δ | V | O) | R | Р | Р | Α | ΛB | ЛC | (|
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| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* MAYER MARISSA A (Last) (First) (Middle) 702 SOUTHWEST 8TH STREET (Street) | | | 2. Issuer Name and Ticker or Trading Symbol WAL MART STORES INC [WMT] | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------------|------------|--|--|---------------------------------|---------------------|--|--|
| MATER MAR. | <u>155A A</u> | | [] | X | Director | 10% Owner | | |
| | | | | (Check all applicable) X Director 10% Owner | Other (specify | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| 702 SOUTHWEST 8TH STREET | | | 12/31/2017 | | | | | |
| | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Che | ck Applicable Line) | | |
| BENTONVILLE | AR | 72716-0215 | | X | Form filed by One Reporting | Person | | |
| | | | | | Form filed by More than One | Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, | Transaction Code (Instr. | | 4. Securities Ac Disposed Of (D | | | Securities | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|-----------------|-----------------------------|---|------------------------------------|---------------|-------|-------------|------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (msu. 4) |
| Common | 12/31/2017 | | A | | 228(1) | A | \$0 | 22,435.2928 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d 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 Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|---|--------------|-----|--|--------------------|--|----------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |

Explanation of Responses:

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

/s/ Geoffrey W. Edwards, by power of attorney 01/03/2018

** 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.