FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	
hours nor resnonse.	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	. Name and Address of Reporting Person*  Kumar Suresh		2. Issuer Name and Ticker or Trading Symbol  Walmart Inc. [ WMT ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify
I		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/31/2025	Chief Technology Officer
(Street) SEATTLE	WA	98122	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person
(City)	(State)	(Zip)		r om mod by wore than one reporting reson

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common	01/31/2025		F		86,278.024(1)	D	\$98.65	1,317,753.392	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. Transa Code (I 8)		Derivative		Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		

#### Explanation of Responses:

 $1. \ Represents \ stock \ units \ withheld \ to \ satisfy \ tax \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ of \ performance-based \ restricted \ stock \ units \ withholding \ obligations \ upon \ the \ vesting \ obligations \ ob$ 

/s/ Geoffrey W. Edwards, by power of attorney 02/03/2025

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.