FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB | APP | ROVA |
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| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden | |
| hours per response: | 0.5 |

6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person Form filed by More than One Reporting Person

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

(First)

AR

(State)

10b5-1(c). See Instruction 10. 1. Name and Address of Reporting Person

Brand Rachel L

BENTONVILLE

702 S.W. 8TH STREET

(Last)

(Street)

(City)

or Section 30(h) of the Investment Company Act of 1940 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

(Middle)

72716

(Zip)

| 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 below) | Other (specify below) | | | | |
| 3. Date of Earliest Transaction (Month/Day/Year) | | Executive Vice President | | | | | |

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

4. If Amendment, Date of Original Filed (Month/Day/Year)

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|--|---------------|-------|----------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (Instr. 4) |
| Common | 03/06/2025 | | A | | 102,697(1) | A | \$0 | 297,153.827 | 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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | 5. Numl Derivati Securiti Acquire or Disp (D) (Instand 5) | ive ies ed (A) osed of | | | | | Derivative Security (Instr. 5) | Reported | Form: Direct (D) | 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 restricted stock units earned by Reporting Person upon achievement of performance goals for the one-year period ended Jan. 31, 2025, as certified by the Compensation and Management Development Committee on March 6, 2025. The restricted stock units are scheduled to vest Jan. 31, 2027, if Reporting Person remains employed by the Issuer on that date.

/s/ Geoffrey W. Edwards, by power 03/10/2025 of 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.