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).

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 [*] COUGHLIN THOMAS M | | | 2. Issuer Name and Ticker or Trading Symbol WAL MART STORES INC [WMT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|----------------|-------|--|---|-----------------------------|--------------------|--|--|
| | <u>HOMAS M</u> | | L | X | Director | 10% Owner | | |
| (Last) (First) | (Middle) | | X | Officer (give title below) | Other (specify below) | | | |
| (Last) (First) (Middle) 702 SOUTHWEST 8TH STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2004 | Vice Chairman of the Board | | | | |
| (Street) BENTONVILLE | AR | 72716 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | Form filed by More than One | e Reporting Person | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|------------|---|---|--|---------------|---------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock | 02/23/2004 | 02/25/2004 | F ⁽¹⁾ | | 13,938 | D | \$60.05 | 342,121 | D | |
| Common Stock | | | | | | | | 39,104 | Ι | By ESOP |
| Common Stock | | | | | | | | 14,326 | Ι | By Family LLC |
| Common Stock | | | | | | | | 29,637 | Ι | By Gift Trust |
| Common Stock | | | | | | | | 220 | Ι | By Irrevocable Trust |
| Common Stock | | | | | | | | 90,720 | Ι | By Trust |

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 | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (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) | | Derivative Security (Instr. 5) | Following Reported | 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. Taxes paid on restricted stock that vested on 02/21/2004.

Remarks:

/s/ Samuel A. Guess, By Power of Attorney

02/25/2004

Date

** 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 Number.

OMB APPROVAL