STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SEURITIES

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
Horton Thomas W
702 SW 8TH STREET
BENTONVILLE, AR 72716

2. Issuer Name and Ticker or Trading Symbol
WAL MART STORES INC [ WMT ]

3. Date of Earliest Transaction (MM/DD/YYYY)
6/2/2017

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
(X) Director

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>6/2/2017</td>
<td>A</td>
<td>A</td>
<td>8178</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D)</th>
<th>Date Exercisable and Expiration Date</th>
<th>Title and Amount of Securities Underlying Derivative Security</th>
<th>Price of Derivative Security</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Explanation of Responses:
1. Represents annual equity grant as part of the Reporting Person's non-management director compensation.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horton Thomas W</td>
<td>Director</td>
</tr>
<tr>
<td>702 SW 8TH STREET BENTONVILLE, AR 72716</td>
<td>10% Owner</td>
</tr>
</tbody>
</table>

Signatures

/s/ Geoffrey W. Edwards, by power of attorney 6/6/2017

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).
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 control number.