

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer			
Chojnowski David					W	'alm	art Iı	1c. [WN	ИΤ]				(Check all applicable)			
(Last) (First) (Middle)					3.	3. Date of Earliest Transaction (MM/DD/YYYY)							"	Officer (give title below) Other (specify below)			
702 SW 8TH STREET								3/9	9/20	18		Senior Vice I	President				
(Street)				4.	If An	nendme	ent, Date (Origi	nal File	d (MM/D	(Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)					
BENTONVILLE, AR 72716-0215 (City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Sta	ite) (Zi	ıp)														
			Table	I - No	n-De	rivati	ve Sec	urities Ac	quii	red, Dis	posed o	f, or	Beneficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. De					2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securi Following Reported (Instr. 3 and 4)		ies Beneficially Owned Transaction(s)		7. Nature of Indirect Beneficial	
								Code	v	Amount	(A) or (D)	Price	,				Ownership (Instr. 4)
Common Stock 3/9/2018					18			A		2184 (1) A	\$0	16595.405 ⁽²⁾		D		
Common Stock 3/9/2018				18			F		1011 (3	D	\$87.9	2 15	5584.405		D		
Common Stock 3/9/2018				18			A		11759 (4)	A	\$0	27	343.405		D		
	Tab	le II - Der	ivative	Secur	ities	Bene	ficially	Owned (e.g.	, puts,	calls, w	arran	ts, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if	cution (Inst		Acqui Dispos		per of ve Securities d (A) or d of (D) , 4 and 5)		6. Date Exercisable and Expiration Date		Secur Deriv	e and Amount of ties Underlying tive Security 3 and 4)	Derivative Security	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Dat Exe		Expiration Date		Amount or Number of Shares		Transaction(s)	Direct (D) or Indirect) (I) (Instr. 4)	

Explanation of Responses:

- (1) Represents the vesting of performance share units for the three-year period ending January 31, 2018, as certified by the Compensation and Management Development Committee on March 9, 2018.
- (2) Balance adjusted to reflect shares acquired through the Walmart Inc. Associate Stock Purchase Plan.
- (3) Represents shares withheld to satisfy tax withholding obligations upon the vesting of performance share units.
- (4) Represents restricted stock units earned by Reporting Person upon achievement of performance goals for the one-year period ended Jan. 31, 2018, as certified by the Compensation and Management Development Committee on March 9, 2018. The restricted stock units are scheduled to vest Jan. 31, 2020 if Reporting Person remains employed by Issuer on that date.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Chojnowski David								
702 SW 8TH STREET			Senior Vice President					
BENTONVILLE, AR 72716-0215								

Signatures

Jennifer F. Rudolph, by power of attorney

Signature of Reporting Person

3/13/2018

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 control number.