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

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

McLay Kathryn J.
702 S.W. 8TH STREET
BENTONVILLE, AR 72716

2. Issuer Name and Ticker or Trading Symbol

Walmart Inc. [ WMT ]

5. Relationship of Reporting Person(s) to Issuer

_____ Director
_____ 10% Owner
_X_ Officer (give title below) ____ Other (specify below)
Executive Vice President

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

5/21/2020

4. If Amendment, Date Original Filed (MM/DD/YYYY)

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

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

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>Deemed Execution Date, if any</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>5/21/2020</td>
<td>S</td>
<td></td>
<td>D</td>
<td>$126.00</td>
</tr>
</tbody>
</table>

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

| Title of Derivate Security | Conversion or Exercise Price of Derivative Security | Trans. Date | Deemed Execution Date, if any | Number of Derivative Securities Acquired (A) or Disposed of (D) | Date Exercisable | Expiration Date | Title of Derivative Security | Amount or Number of Shares Underlying Derivative Security | Price of Derivative Security | Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Nature of Indirect Beneficial Ownership (Instr. 4) |
|----------------------------|-----------------------------------------------------|-------------|--------------------------------|---------------------------------------------------------------|-----------------|-----------------|-----------------------------|-------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
|                            |                                                     |             |                                | (Instr. 3, 4 and 5)                                           |                 |                 |                             |                                                             |                             |                                                                                                                                  |                                                                                                                                  |                                                                                                                                  |

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address
McLay Kathryn J.
702 S.W. 8TH STREET
BENTONVILLE, AR 72716

Relationships
Director 10% Owner Officer Executive Vice President

Signatures
/s/ Kristopher A. Isham, by power of attorney
5/22/2020

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).


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.