## Edgar Filing: WAL MART STORES INC - Form 4

WAL MART Form 4	STORES INC												
January 04, 2	017												
FORM	Л									-	PPROVAL		
	UNITED	STATES				ND EXC D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287		
Check this if no long	ar			ana r	<b>.</b>					Expires:	January 31, 2005		
subject to Section 16	б.	MENT O	F CHAN			SENEFI ITIES	CIA	LOW	NERSHIP OF	Estimated a burden hou	average rs per		
Form 4 or Form 5		rsuant to (	Section 16	5(a) of	the	Securiti	es F	vchan	ge Act of 1934,	response	0.5		
obligation	<sup>8</sup> Section 170								of 1935 or Sectio	n			
may conti <i>See</i> Instru 1(b).	nue.		of the Inv	•		•	- ·						
(Print or Type R	esponses)												
MANED MADICCA A				Name a	ind '	Ticker or 7	Fradir	ıg	5. Relationship of Reporting Person(s) to Issuer				
	Symbol WAL MART STORES INC [WMT]						(Check all applicable)						
(Last)	(First) (	Middle)	3. Date of	Earliest	Tra	insaction			(Chec	к ан аррисаби	;)		
702 SOUTH	WEST 8TH ST	REET	(Month/Da 12/31/20	-	)				X Director Officer (give below)		Owner er (specify		
	(Street)		4. If Amer	ndment,	Dat	e Original			6. Individual or Jo	oint/Group Filir	1g(Check		
			Filed(Mon	th/Day/Y	ear)				Applicable Line) _X_ Form filed by ( Form filed by N	One Reporting Pe Aore than One Re			
BENTONVI	LLE, AR 72716	-0215							Person		porting		
(City)	(State)	(Zip)	Table	e I - Nor	n-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any	med on Date, if Day/Year)	3. Transa Code (Instr.		4. Securit onAcquired Disposed (Instr. 3,	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	12/31/2016			A		326 <u>(1)</u>		\$0	18,719.9466 (2)	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur		(Instr. 5)	Bene
	Derivative			(	Securities				3 and 4)		Owne
	Security				Acquired			(111541.	o una i)		Follo
	Security				(A) or						
					· · ·						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date	Expiration	Title	Amount		
				coue v	(11) (D)	Exercisable	Date	THE	or		
						LACICISADIC	Date		Number		
									of		
									Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	nips				
	Director	10% Owner	Officer	Other			
MAYER MARISSA A 702 SOUTHWEST 8TH STREET BENTONVILLE, AR 72716-0215	Х						
Signatures							
/s/ Geoffrey W. Edwards, by power attorney	r of	01/0	04/2017				
<b>**</b> Signature of Reporting Person		I	Date				
Explanation of Responses:							

- \* 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).
- (1) Represents quarterly director compensation, which the Reporting Person elected to defer in the form of shares. The number of shares was determined by using the closing price of the Issuer's common stock on the last trading day before the date of grant.
- (2) Balance adjusted to reflect phantom shares acquired as dividend equivalents on deferred stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.