Edgar Filing: Chojnowski David - Form 4

Chojnowski	David										
Form 4											
June 08, 201									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 of Form 5 obligation may con See Instr 1(b).	ger o 16. or Filed pur ons tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940							Expires: January 3 Estimated average 20 burden hours per response		
(Print or Type	Responses)										
Chojnowski David Syr			Symbol	mbol				5. Relationship of Reporting Person(s) to Issuer			
				rt Inc. [WMT]				(Check all applicable)			
(Month 702 SW 8TH STREET 06/07/ (Street) 4. If An			(Month/I	Amendment, Date Original 6 d(Month/Day/Year) A				Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
								6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
BENTONV	'ILLE, AR 72716	-0215					i	Form filed by Mo Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V		sed of 4 and (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/07/2018			S	5,442	D	\$ 85.2952 (1)	21,630.304 (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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Chojnowski David 702 SW 8TH STREET BENTONVILLE, AR 72716-0215			Senior Vice President					
Signatures								
Jennifer F. Rudolph, by power of attorney	06/08/2018							
<pre>Signature of Reporting Person</pre>		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).

This sale was executed in multiple trades ranging from \$85.29 - \$85.305, inclusive. The price reported reflects the weighted average sales
 (1) price. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares and prices at which the transaction was effected.

(2) Balance adjusted to reflect shares acquired through the Walmart Inc. Associate Stock Purchase Plan.

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.