### Edgar Filing: Scott H Lee Jr - Form 4

Form 4	e Jr										
December (	09, 2008										
FORM	M 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				- ~			OMB AP	PROVAL	
	UNITED	STATES		RITIES				OMMISSION	OMB Number:	3235-0287	
Check t if no lo subject Section Form 4		SECU	RITIES			NERSHIP OF	Expires: Estimated av burden hour response				
Form 5 obligati may co <i>See</i> Inst 1(b).	ions Section 17	(a) of the l	Public U		olding Co	mpar	ny Act of	e Act of 1934, 1935 or Section 0			
(Print or Type	e Responses)										
Scott H Lee Jr Syn			Symbol	ier Name <b>a</b> MART S			-	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)						-		(Check all applicable)			
(1			(Month/	3. Date of Earliest Transaction (Month/Day/Year) 12/05/2008				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO			
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
BENTON	VILLE, AR 72716	5-0215			-			Applicable Line) _X_ Form filed by Or Form filed by Mc	ne Reporting Per	son	
BENTON (City)	VILLE, AR 72716 (State)	5-0215 (Zip)	Filed(M	onth/Day/Ye	ear)		urities Acq	Applicable Line) _X_ Form filed by Or Form filed by Mo Person	e Reporting Per ore than One Rep	son porting	
		(Zip)	Filed(M Tal ed Date, if	onth/Day/Ye ble I - Non 3. Transactiv Code (Instr. 8)	ear) -Derivative 4. Securit oror Dispos (Instr. 3, 4)	e Secu ies Ac ied of 4 and i (A) or	cquired (A) (D) 5)	Applicable Line) _X_ Form filed by Or Form filed by Mc	e Reporting Per re than One Rep <b>or Beneficiall</b> 6. Ownership Form:	son porting y Owned 7. Nature of Indirect Beneficial	
(City) 1.Title of Security	(State) 2. Transaction Date	(Zip) 2A. Deeme Execution any	Filed(M Tal ed Date, if	onth/Day/Ye ble I - Non 3. Transactiv Code (Instr. 8)	-Derivative 4. Securit or Dispos (Instr. 3, 4	e Secu ies Ac ied of 4 and 3 (A)	cquired (A) (D)	Applicable Line) _X_ Form filed by Or Form filed by Mo Person uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	e Reporting Per or Beneficially 6. Ownership Form: Direct (D) or Indirect (I)	son porting y Owned 7. Nature of Indirect Beneficial Ownership	
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Date (Month/Day/Year)	(Zip) 2A. Deeme Execution any	Filed(M Tal ed Date, if	onth/Day/Ye ble I - Non 3. Transactio Code (Instr. 8) Code V	-Derivative 4. Securit ord Dispos (Instr. 3, 4 Amount	e Secu ies Ac ied of 4 and (A) or (D)	cquired (A) (D) 5) Price \$	Applicable Line) _X_ Form filed by Or Form filed by Mo Person uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	e Reporting Per or Beneficially 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	son porting y Owned 7. Nature of Indirect Beneficial Ownership	
(City) 1.Title of Security (Instr. 3) Common Stock Common	(State) 2. Transaction Date (Month/Day/Year) 12/05/2008	(Zip) 2A. Deeme Execution any	Filed(M Tal ed Date, if	onth/Day/Ye ble I - Non 3. Transactic Code (Instr. 8) Code V M	-Derivative 4. Securit or Dispos (Instr. 3, 4 Amount 70,220 59,337	e Secu ies Ac ied of 4 and (A) or (D) A	cquired (A) (D) 5) Price \$ 39.875	Applicable Line) _X_ Form filed by Or Form filed by Mo Person uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 1,324,108.378 1,264,771.378	e Reporting Per rer than One Rep or Beneficially 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) D D	son porting y Owned 7. Nature of Indirect Beneficial Ownership	

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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 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)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 39.875	12/05/2008		М		70,220	(4)	01/13/2009	Common Stock	70,220

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting o wher runne / runness	Director	10% Owner	Officer	Other			
Scott H Lee Jr 702 S.W. 8TH STREET BENTONVILLE, AR 72716-0215	Х		President and	1 CEO			
Signatures							
/s/ Geoffrey W. Edwards, By Powe Attorney	er of	12/	09/2008				

\*\*Signature of Reporting Person

# **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).

Represents the shares sold to pay the exercise price and satisfy tax withholding obligations upon the exercise of options to purchase(1) 70,220 shares. The remaining shares were held by the reporting person, resulting in a net increase in the reporting person's holdings of 10.883 shares.

Date

- (2) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. Associate Stock Purchase Plan.
- (3) Balance adjusted to reflect shares acquired through the Wal-Mart Stores, Inc. Profit Sharing and 401(k) Plan.
- (4) This option became exercisable in 7 equal installments beginning on January 14, 2000.

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.

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