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DUKE MIC Form 4	CHAEL T											
January 25,	2013											
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES	SECU	DITIES	AND F	ксн	ANCE	COMMISSION		PPROVAL		
	UNITED	STATES			on, D.C. 2			COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF				C				NERSHIP OF	Expires: Estimated a	January 31, 2005		
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16. 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 30(h) of the Investment Company Act of 1940					burden hou response	rs per						
(Print or Type	Responses)											
1. Name and DUKE MI	Address of Reporting CHAEL T	Person <u>*</u>	Symbol		nd Ticker		-	5. Relationship of I Issuer	Reporting Pers	son(s) to		
					STORES		[WMT]	(Check all applicable)				
(Last) (First) (Middle) 702 S.W. 8TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 01/23/2013					X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO				
BENTON	(Street) VILLE, AR 72716	5-0215		nendment, onth/Day/Y	Date Origi Tear)	nal		6. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo Person	ne Reporting Pe	erson		
(City)	(State)	(Zip)	Tal	ble I - Nor	n-Derivativ	ve Sec	urities Ac	quired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8)	4. Securi ion(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/23/2013			F	775 <u>(1)</u>	D	\$ 69.49	1,028,768.2374	D			
Common Stock								1,269.0204	I	By 401(k) Plan		
Common Stock								25,754	Ι	By Wife		
Common Stock								27,300	I	By Reporting Person's Trust for Children		

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Common	6,066	Ι	By Trust for Wife
Common	50,400	Ι	By Wife's Trust for Children

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		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	3		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired				í.		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(instr
					(insu: 5, 4, and 5)						
					4, and 3)						
								1	Amount		
								(or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Coue v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I S S S S S S S S S S S S S S S S S S S	Director	10% Owner	Officer	Other				
DUKE MICHAEL T 702 S.W. 8TH STREET BENTONVILLE, AR 72716-0215	Х		President and CEO					
Signatures								
/s/ Jennifer F. Rudolph, by Power of Attorney	of	01/25	5/2013					
<pre>#Signature of Reporting Person</pre>		Da	ate					
Explanation of Best	Explanation of Responses:							

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 shares withheld to satisfy tax withholding obligations upon the vesting of restricted stock. The receipt of vested shares was deferred to a future date.

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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.