## Edgar Filing: Lore Marc E. - Form 4

Form 4											
December 27, 2018 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5				
(Print or Type R	Responses)										
Lore Marc E. Symbol			Symbol	ssuer Name <b>and</b> Ticker or Trading bol mart Inc. [WMT]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Da (Mon			(Month/E	Date of Earliest Transaction Ionth/Day/Year) 2/26/2018				(Check all applicable) Director 10% Owner X_Officer (give title Other (specify below) Executive Vice President			
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HOBOKEN		(7.)						Person	lore than One Re	porting	
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Dat (Month/Day/Year)	) Execution any	ned	3.	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	ies Ac sposed	quired of (D) j) Price	uired, Disposed of 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	
Common	12/26/2018			F	29,232 (1)	D	\$ 85.82	3,147,387	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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
Lore Marc E. 221 RIVER STREET, 8TH FLOOR HOBOKEN, NJ 07030			Executive Vice President				
Signatures							
/s/ Kristopher A. Isham, by power of attorney							
**Signature of Reporting Person		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).

Represents stock units withheld to satisfy tax withholding obligations upon the partial vesting of previously reported 3,554,093 restricted stock units (the "RSUs") that were granted to the Reporting Person on September 19, 2016, in connection with, and in consideration of,

stock units (the KSUS) that were granted to the Reporting Person becoming an employee and executive officer of the Issuer. The Reporting Person cannot exercise voting rights over the remaining portion of the unvested RSUs.

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.