FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

GILES WILLIAM T		Date of Event equiring Statem Month/Day/Year 4/19/2006	quiring Statement anth/Day/Year)  AUTOZONE INC [ AZO ]								
(Last) (First) (Middle) 123 SOUTH FRONT STREET				4. Relationship of Reporting Pers (Check all applicable)  Director  X Officer (give title below)  Executive V.P. &		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
								6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)								X Form filed by One Reporting Person			
MEMPHIS	TN	38103							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Ex (M		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit			4. Convers or Exerc Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiratior Date	n Title	,	Amount or Number of Shares	Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

<u>William T. Giles</u> <u>04/21/2006</u>

\*\* Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).