FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person* MCKENNA WILLIAM ANDREW | | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] | | | | | | | | | theck all | ship of Reportir applicable) rector | ng Perso | Person(s) to Issuer 10% Owner | |
|--|--|---|--|---------------------------|--|--|---|--|---|--|---------------------|-----|---|-----------------------|--|---|--|---|--|
| (Last) (First) (Middle) 123 SOUTH FRONT STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2009 | | | | | | | | | | ficer (give title low) | | Other (specify below) | |
| (Street) MEMPHIS TN 38103 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fo | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 8) | | | | | d 5) Sed Bei Ow | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) (D) | or | Price | Tra | nsaction(s) tr. 3 and 4) | | | (111501.4) | | | |
| Common Stock ⁽¹⁾ 03/01/2 | | | | | | |)09 | | A | | 87 | | A | \$ <mark>142</mark> | .72 | 2 16,905 | | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) if any (Month/Day/Year) ative | | n Date, Pay/Year) - | Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) o Disp of (D (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | Ow For Dire or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Granted in accordance with the AutoZone, Inc. 2003 Director Compensation Plan.

Remarks:

W. Andrew McKenna

03/01/2009

** Signature of Reporting Person

Date

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

- * 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).

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

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.