## FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

						_	_			_								
Name and Address of Reporting Person*  Consequent Milliams Nation					2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [ AZO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Graves William W</u>									,				Directo	or	10% (	Owner		
				- ⊢								_		(give title		(specify		
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (Month/Day/Year)								below)		below	)			
(Last)	`	,	(iviidule)	09	09/26/2006							Senior Vice President						
123 SOU																		
				<u> </u>								_						
				— <b> </b> 4.	If Ame	ndment, I	Date	of Original F	iled (I	Month/Da	ıy/Year)			Ioint/Group F	Filing (Check A	Applicable		
(Street)													Line)					
MEMPE	IIS T	N	38103										X Form f	iled by One F	Reporting Pers	son		
				_									Form filed by More than One Reporting					
													Person					
(City)	(S	tate)	(Zip)															
		Tab	ole I - Non-De	rivativ	e Sec	curities	s Ac	auired. [	Disp	osed o	f. or Bei	neficial	lv Owned					
:-								<del>-</del>			-		<del>-</del>			T=		
1. Title of Security (Instr. 3) 2. Transa					ction 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3,						d (A) or r. 3. 4 and	or 5. Amount of 6. Ownership 7. Nature 4 and Securities Form: Direct of Indirec						
(Month/D								Code (Instr. 5)			,	Beneficia		D) or Indirect	Beneficial			
												Owned F Reported		I) (Instr. 4)	Ownership (Instr. 4)			
							Code V Amount (A)			(A) or	1	Transact			(1130.4)			
								Code	٧	Amount	(D)	Price	(Instr. 3 a			1 1		
		-	Table II - Deri	vative	Secu	ırities	Acq	uired, Di	spo	sed of,	or Bene	ficially	Owned					
			(e.g.	, puts,	calls	s, warr	ants	s, options	s, co	onvertil	ole secu	rities)						
					5. Number 6. Date Exercisable and				7. Title and Amo		8. Price of	9. Number o		11. Nature				
					action	of		Expiration Date		of Securities		Derivative	derivative	Ownersh				
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)	Code (	(Instr.	Derivati Securiti		(Month/Day/Year) Underlying Derivative Secu				Security (Instr. 5)	Securities Beneficially	Form: Direct (D	Beneficial Ownership			
(1113111 0)	Derivative		(monana ayrrear)	"		Acquire					(Instr. 3 ar		(	Owned	or Indire			
	Security			(A) or									Following	(I) (Instr.	4)			
			Disposed of (D) (Instr.									Reported Transaction	n(s)					
				1	3, 4 and 5)							(Instr. 4)	.(6)					
												Amount	1					
				1	1							or						
				1	1			<u>.</u> .	1_			Number						
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable		cpiration	Title	of Shares						
				Jour	·	(7)	(5)	Excroisable	- 50		Title	Onarcs						
Incentive				1														
Stock Option	#102.44	00/26/2006		١,		2,000		(2)		V26/2016	Common	2,000	60	2,000				
(Right to	\$103.44	09/26/2006		A		2,000		(4)	1 09	0/26/2016	Stock	2,000	\$0	2,000	D			
Buy) <sup>(1)</sup>				1														
				-	_		$\vdash$		-						_			
Non-				1														
Qualified Stock				1							Commor							
Option	\$103.44	09/26/2006		Α		19,000		(2)	09	9/27/2016	Common Stock	19,000	\$ <mark>0</mark>	19,000	D			
(right to				1	1			1					I	1				

#### **Explanation of Responses:**

- 1. Granted in accordance with the AutoZone, Inc. 1996 Stock Option Plan.
- 2. Options are exercisable in one-fourth increments on September 26, 2007, 2008, 2009, and 2010, respectively.

#### Remarks:

William W. Graves

09/27/2006

\*\* Signature of Reporting Person

Date

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

- \* 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.