FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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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

GOVE SUE			2. Date of Event Requiring Statement (Month/Day/Year) 07/11/2005  3. Issuer Name <b>and</b> Ticker or Trading Symbol AUTOZONE INC [ AZO ]									
(Last)	(First)	(Middle)				Relationship of Reporting Person(s) t     Check all applicable)     X Director 109			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) MEMPHIS	TN	38103			A	Officer (give title below)	Other (spe below)	cify		cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		ct (D)   (	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Inst			(Instr. 4) Convers		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)		
Non Qualified	Stock Option (	right to buy)(1)	07/11/2008	07/11/201	5	Common Stock	3,715	96.3	9	D		

## **Explanation of Responses:**

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

## Remarks:

/s/ Sue E. Gove

07/12/2005

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.