FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CH |
|--|----------------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Se |

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* GRUSKY ROBERT R | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] | | | | | | | | | | ionship o all applic Directo | able) | g Pers | on(s) to Issi 10% Ov | |
|---|-------|------------|---|-----------------|--|--|--|-------|-----------------------------|---|---|----------------------|---|--|--|---|--------|-------------------------|-----------|
| (Last) 123 SOUT | (Firs | , | 1iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2010 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) MEMPHIS TN 38103 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Sta | te) (Z | ip) | | | | | | | | | | | | Person | | | | |
| | | Table | e I - Non-I | Deriva | ative | Sec | urities | s Acq | uired, D | isp | osed o | f, or Ber | neficia | lly C | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | ies Acquire Of (D) (Inst | 5. Amount Securities Beneficial Owned Fo Reported | | s lly ollowing | Form | : Direct I · Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | - 1 | Transacti (Instr. 3 a | on(s) | | | Instr. 4) |
| | | Та | able II - De (e. | | | | | | ired, Dis options, | | | | | / Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | ı of i | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | | Date Exercisable | | expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Appreciation | (2) | 12/01/2010 | | | A | | 12.5 | | (3) | | (4) | Common Stock | 12.5 | \$2 | 258.485 | 250.5 | 5 | D | |

Explanation of Responses:

- 1. Granted in accordance with the AutoZone, Inc. 2003 Director Compensation Plan (the "Plan"). Pursuant to the Plan, directors are paid at least 50% (and may elect to be paid up to 100%) of their retainer fees each quarter in AutoZone common stock or deferred stock units.
- 2. No conversion price for Stock Appreciation Rights.
- 3. Stock Appreciation Rights are convertible to Common Stock or cash immediately upon termination as a director.
- 4. Stock Appreciation Rights do not expire.

/s/ Robert R. Grusky

12/01/2010

** 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.