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
obligations may continue. See

## STATEMENT OF CHANGES 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

						_		_		_						_		
Name and Address of Reporting Person*  Graves William W						2. Issuer Name <b>and</b> Ticker or Trading Symbol AUTOZONE INC [ AZO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
<u> </u>														Officer				· I
					3 [	Date o	of Farliest	Tran	saction (Mo	nth/Γ	)av/Year)		X Officer below)	(give title		Other (s below)	респу	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/25/2007								Senior Vice President				
123 SOUTH FRONT STREET						5,25,250								_	CIIIOI VIC	C 1 1 C	JIUCIII	
		H-																
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
MEMPHIS TN 38103														X Form filed by One Reporting Person				
MEMPHS IN 38103					1									l ' ' ' '				
				1									Form filed by More than One Reporting Person					
(City) (State) (Zip)														. 5.55				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)							2A. Deem		3.					5. Amou				7. Nature
				Date (Month/I	Dav/Ye		r) Execution Date, if any (Month/Day/Yea		Code (Instr.					I Securitie Beneficia	ially (D) o Following (I) (In		or Indirect Instr. 4)	of Indirect Beneficial
				(	- ay, 10									Owned F				Ownership
								Code	Tv.   4		(A) or Price		Reported Transaction(s)			- '	(Instr. 4)	
									Code	٧	Amount	(D)	Price		. 3 and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
							<del>'</del>							1	Γ	. 1		1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Daif any (Month/Day/	ate, T	ransa Code (		5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative	ies g	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially		10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership
	Derivative Security				•		Acquired (A) or Disposed					(Instr. 3 ar		" "	Owned Following		or Indirect	(Instr. 4)
															Reported		(i) (instr. 4)	
							of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)			
			H	_		5, <del>4</del> and	, 		_			<b></b> .	-	(				
													Amount or					
									Date	_	xpiration		Number of					
				0	ode	v	(A)	(D)	Exercisabl		ate	Title	Shares					
Incentive																		
Stock		00/05/0005			.						0.00	Common	1 000				_	
Option (Right to	\$115.38	09/25/2007			A		1,600		(2)		9/25/2017	Stock	1,600	\$0	1,600		D	
Buy) <sup>(1)</sup>																		
Non-					_					$\dashv$						$\dashv$		<u> </u>
Qualified																		
Stock Option	\$115.38	09/25/2007			Α		19,400		(2)	0	9/26/2017	Common Stock	19,400	\$0	19,400		D	
(right to												J Stock						

## **Explanation of Responses:**

- 1. Granted in accordance with the AutoZone, Inc. 2006 Stock Option Plan.
- 2. Options exercisable in one-fourth increments on September 25, 2008, 2009, 2010 and 2011, respectively.

## Remarks:

William W. Graves

09/26/2007

\*\* 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.