FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person* <u>GILES WILLIAM T</u>						2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO]									k all applic Directo	or		son(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 123 SOUTH FRONT STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2011								X	below)			below)	респу
(Street) MEMPHIS TN 38103				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Form filed by More than One Reporting				ı	
(City)	(S		(Zip)			tive Securities Acquired, Disposed of, or Benefi									Person				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You					ion	2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amou Securiti Benefici	int of	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)
Common Stock 05/25/201					011	L			M	П	20,000	Α	\$8	89.76 21		14.048		D	
Common Stock 05/25/20				011				S	П	4,259	D	\$294	94.4342 ⁽¹⁾ 17,1		55.048		D		
Common Stock 05/25/201				011	1			S	П	15,741	D	\$293	5293.3587 ⁽²⁾ 1,		14.048		D		
		-	Гablе								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transa Code (8)			vative urities uired or oosed O) (Instr.	Expi	ate Exer ration D nth/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity (. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Nu of	ımber					
Non- Qualified Stock Option (right to	\$89.76 ⁽⁴⁾	05/25/2011			M			20,000		(5)	06/07/2016	Comm Stock		0,000	\$0.0000	20,000		D	

Explanation of Responses:

- 1. This price represents the weighted average price per share of common Stock of AutoZone, Inc. (the "Issuer"), par value \$0.01 per share (each a "Share"), of sales that were executed at prices ranging from \$294.00 - \$294.83 per Share. The Reporting Person undertakes to provide, upon request by the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of Shares sold at each price.
- 2. This price represents the weighted average price per share of common Stock of AutoZone, Inc. (the "Issuer"), par value \$0.01 per share (each a "Share"), of sales that were executed at prices ranging from \$293.00 -\$293.97 per Share. The Reporting Person undertakes to provide, upon request by the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer, full information regarding the number of Shares sold at each price.
- 3. Granted in accordance with the AutoZone, Inc. 1996 Stock Option Plan.
- 4. The exercise price has been changed from \$89.70 to \$89.76 as a result of a de minimis mistake on the Form 4 filed when the options were granted.
- 5. Options are exercisable in one-fourth increments on June 6, 2007, 2008, 2009 and 2010, respectively.

05/25/2011 /s/ William T. Giles

** 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.