FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

| 1. Name and Address of Reporting Person* Newbern Thomas B | | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] | | | | | | | | | all app Direc | licable) | ng Pe | | o Issuer Owner er (specify |
|--|---|--|----------|-----------------------------------|---|---|---|---------------------|-----------------------------|---|--------------------|---|---|---|--|---|-------|--|--|
| (Last) 123 SOU | , | (First) (Middle) FRONT STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2024 | | | | | | | | below | <i>(</i>) | 00 | below) | эрсспу |
| (Street) MEMPHIS TN 38103 (City) (State) (Zip) | | | | | Line) X Form filed by Form filed by Person | | | | | | | | | | filed by One | Group Filing (Check Applicable by One Reporting Person by More than One Reporting | | | |
| | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | quired | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execu | | eemed ution Date, :h/Day/Year) | | Transaction | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (A) o (D) | Price | | Transa | action(s) 3 and 4) | | | (111511.4) | | | |
| Common | Common Stock 01/11/ | | | | | .024 | | | | | 718 | D | \$0.0 | 0.0000 | | 1,801.4713 | | D ⁽¹⁾ | |
| Common Stock | | | | | | | | | | | | | | | 1,436 | | | I | By Trust |
| | | Tal | ble II · | | | | | | | | osed of, convertib | | | | wne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expira (Month | tion D | | 7. Titl Amou Secur Under Derive Secur 3 and | int of rities rlying ative rity (Instr. 4) | Deri Seci (Inst | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Title | or Number of Shares | | | | | | | |

Explanation of Responses:

1. The reporting person transferred 718 shares of common stock of the Issuer to a trust for no consideration and remains the beneficial owner of such shares held by the trust.

/s/ Thomas B. Newbern 01/12/2024

** 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.