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* Newbern Thomas B						2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO]									k all applic Directo	onship of Reporting Persall applicable) Director		10% Owner		
(Last)	(First) (Middle) SOUTH FRONT STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/16/2012								X		Officer (give title below) Sr. Vice President			Other (specify below) ident	
(Street) MEMPHIS TN 38103					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				ı	
(City)	(S		(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					ion	2A. De Execu if any	eemed ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefici Owned I	int of es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Ī	Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock 04/16/201					012	2			M	П	15,500	A	\$1	15.38	16,28	33.4144		D		
Common Stock 04/16/201					012	2			S		1,838	D	\$380	0.6067(1) 14,		45.4144		D		
Common Stock 04/16/2013					012	2			S	П	13,662	D	\$379	379.6846 ⁽²⁾		3.4144		D		
			Table								sposed of				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.	Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity (B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	LO. Ownership Form: Direct (D) Or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	OI N Of	umber						
Non- Qualified Stock Option	\$115.38	04/16/2012			M			15,500		(4)	09/26/2017	Comm		5,500	\$0.0000	0.0000		D		

Explanation of Responses:

buy)⁽³⁾

- 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 \$380.44 - \$380.79 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 \$379.40 \$380.37 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. 2006 Stock Option Plan.
- 4. Options exercisable in one-fourth increments on September 25, 2008, 2009, 2010 and 2011, respectively.

04/16/2012 /s/ Thomas B. Newbern

** 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.