FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEF | ICIAL O | WNERSH | IΡ |
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| l | OMB APPRO | VAL |
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| l | hours per response: | 0.5 |

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

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* MRKONIC GEORGE R JR | | | | | 2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] | | | | | | | | 5. Relationship of Reporting Pe (Check all applicable) | | | | () | | | | | |
| MIRROIVIC GEORGE R JR | | | | | | | | | | | | | X | Directo | r | | 10% Ov | vner | | | | |
| (Last) | (Fi JTH FRON | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2008 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | | |
| 125 500 THI THORY STREET | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | 4. If | f Ame | ndment, | Date | of Original | Filed | (Month/D | ay/Year) | | Line) | | · | | | · | | | |
| MEMPH | IIS TI | N : | 38103 | | | | | | | | | | | X | | • | | orting Perso n One Repo | | | | |
| - | | | | | | | | | | | | | | | Persoi | , | C tria | TOTIC TROPO | iting | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | and Securiti Benefic Owned | | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ansaction of E ode (Instr. Derivative (I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | oer | | | | | | | | |
| Non- Qualified Stock Option (right to | \$119.145 | 01/01/2008 | | | A | | 3,000 | | 01/01/2011 | 1 0 | 1/01/2018 | Common Stock | 3,00 | 00 | \$0 | 3,000 | | D | | | | |

Explanation of Responses:

1. Granted in accordance with the AutoZone, Inc. 2003 Director Stock Option Plan.

Remarks:

George R. Mrkonic Jr.

01/02/2008

** 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.