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

									_									
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
KRANC LISA R									,				Directo	or	10% C	wner		
-				_ _								_		(give title		(specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								below)		below)			
123 SOUTH FRONT STREET					09/26/2006								Senior Vice President					
123 SOU	TH FRON	I STREET																
				_ -														
(Chroat)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													X Form filed by One Reporting Person					
MEMPHIS TN 38103			38103										1 ' ' ' I					
-															than One Rep	orting		
(City) (State) (Zip)													Person					
(City)	(5	tate)	(Σιρ)															
		Tab	le I - Non-De	rivativ	e Sec	curities	s Ac	quired, [Disp	osed o	f, or Bei	neficial	ly Owned					
1. Title of	Security (Ins	tr. 3)	2. Tr	ansaction	1 2	A. Deem	ed	3.		4. Securit	ties Acquire	d (A) or	5. Amoui	nt of 6	6. Ownership	7. Nature		
´` ´ D				41- (D /) V		Execution Date, if any (Month/Day/Yea		Code (Instr. 5		Disposed Of (D) (Instr. 3, 4		tr. 3, 4 and			orm: Direct	of Indirect		
				th/Day/Y						5)			Beneficia Owned F		D) or Indirect I) (Instr. 4)	Beneficial Ownership		
					Ι,	(" ",	-		_	_	- Reported	Reported		(Instr. 4)		
								Code	v	Amount	it (A) or P		Transaction(s) (Instr. 3 and 4)					
											(0)	ļ	(111511.3	anu 4)				
		-	Гable II - Deri	vative	Secu	ırities	Aca	uired. Di	spos	sed of.	or Bene	ficially	Owned					
								s, options										
	I _			1									1	I	. 1	T		
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,	4. Transa	ection	5. Number of		6. Date Exercisable Expiration Date					8. Price of Derivative	9. Number of derivative	of 10. Ownershi	11. Nature of Indirect		
Security	or Exercise		if any	Code		Derivati		(Month/Day/Year))	Underlying	3	Security	Securities	Form:	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Derivative		(Instr. 5)	Beneficially				
	Derivative Security			1							(Instr. 3 ar	a 4)		Owned Following Reported	or Indirec (I) (Instr. 4			
	Coounty			1											1	'		
				1										Transaction (Instr. 4)	ı(s)			
						3, 4 and	1 3)		_				-	(111501. 4)				
				1								Amount or						
				1								Number						
				١	l. <i>.</i>	 	ارا	Date		piration		of						
				Code	٧	(A)	(D)	Exercisable	e Da	ate	Title	Shares						
Incentive				1														
Stock				Ι.				(2)	1.		Common	1 400						
Option (Bight to	\$103.44	09/26/2006		A		1,400		(2)	09	/26/2016	Stock	1,400	\$0	1,400	D			
(Right to Buy) ⁽¹⁾				1												1		
Duy), /				-					_									
Non-				1														
Qualified Stock				1														
Option	\$103.44	09/26/2006		Α		18,600		(2)	09	/27/2016	Common Stock	18,600	\$ <mark>0</mark>	18,600	D			
(right to				1														

Explanation of Responses:

- 1. Granted in accordance with the AutoZone, Inc. 1996 Stock Option Plan.
- 2. Options are exercisable in one-fourth increments on September 26, 2007, 2008, 2009, and 2010, respectively.

Remarks:

Lisa R. Kranc

09/27/2006

** 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.