FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| houre per response | . 0.5 | | | | | | | |

| | tion 1(b). | 140. 000 | | Filed | pursu or S | uant to S Section 3 | section 16(a 80(h) of the | a) of the Investr | Secu ment C | rities Exchanç Company Act o | ge Act o of 1940 | f 1934 | | nours | per response: | 0.5 | |
|--|---|--|--------|--|---|--|--|----------------------|--|----------------------------------|---|---|---|--|--|---------------------------------------|--|
| Name and Address of Reporting Person* JACKSON JAMERE | | | | 2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne | | | | | | |
| (Last) (First) (Middle) 123 SOUTH FRONT STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023 | | | | | | | | X Offic below | , | Other below | r (specify v) | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) MEMPHIS TN 38103 | | | | | | | | | | | | Form | filed by Mo | e Reporting Pe re than One Re | | | |
| (City) | (St | ate) (Z | Zip) | | 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 | on-Deriva | tive | Secur | rities Ac | quire | d, Di | isposed o | f, or B | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | Execution Date, | | Transaction Disposed Code (Instr. | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | 5) Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock ⁽¹⁾ | | | 12/31/20 | 23 | | | A | | 13 | A | \$2,585 | ,585.61 54.1336 D | | | | |
| Common | Common Stock ⁽¹⁾ 12/31/202 | | | | 23 | | | A | | 2 | A | \$0.00 | 00 50 | 5.1336 | D | | |
| | | Tal | ble II | | | | | | | posed of, convertib | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu | eemed ution Date, th/Day/Year) | | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Expi (Mor | ration | ercisable and Date //Year) | 7. Title Amou Secur Under Deriva Secur 3 and | nt of ities lying ative ity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Acquired pursuant to AutoZone, Inc. Sixth Amended and Restated Executive Stock Purchase Plan.

/s/ Jamere Jackson

Amount Number

Shares

Title

01/02/2024

** 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).

Code

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.

(A) (D) Date Exercisable

Expiration Date