FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 |  |
|------------------------|--|
|------------------------|--|

| 3235-0287 |  |  |  |  |  |
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     SOLTAU JILL A.         |   |                |  |  |      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AUTOZONE INC [ AZO ] |                        |  |  |       |              |              |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |  |   |  |   |  |
|--|---|----------------|--|--|------|---|------------------------|--|--|-------|--------------|--------------|----------------------|---|--|--|---|--|---|--|
| (Last)   | Last) (First) (Middle) 123 SOUTH FRONT STREET                         |                |  |  |      | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025             |                        |  |  |       |              |              |                      | Officer (give title Other (specif below) below)   |  |  |   |  |   |  |
| (Street)  MEMPHIS TN 38103  (City) (State) (Zip)                 |   |                |  |  |      | If Amendment, Date of Original Filed (Month/Day/Year)                   |                        |  |  |       |              |              |                      |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |   |                |  |  | tion | on 2A. Deemed Execution Date,   |                        |  | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) |       |              |              |                      | or 5. Amount of   |  |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|  |   |                |  |  | 2025 | )25   |                        |  | Code   | v     | Amount 84.32 | (A) o<br>(D) | FIIC                 | CO Tra  |  | 171.7  |   | D  | (Instr. 4)  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversior<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction | ble II - Deriva<br>(e.g., p<br>3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  |      |   | warrants, 5. Number of |  | optio  | Exerc | isable and   |              |                      | 8. F<br>Der<br>Sec<br>(Ins  | Owner Price of civative curity str. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficia<br>Ownersh<br>(Instr. 4)                  |  |
|  |   |                |  |  |      |   | and s                  |  | Date   |       | Expiration   |              | Amoun<br>or<br>Numbe |   |  | (  |   |  |   |  |

**Explanation of Responses:** 

/s/ Jill A. Soltau

01/02/2025

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).