FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| CTATEMENIT | OF CHANCE | S IN BENEFICIA | OWNEDSHID |
|------------|-----------|----------------|-------------|
| STATEMENT | OF CHANGE | S IN BENEFICIA | L OWNERSHIP |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

| | d Address of William | Reporting Person* | | | | | | | ker or Tra | | Symbol | | | | ck all ap Dire | olicable) ctor | g Person(s) to I | Owner | |
|---|---|-------------------------------|------------------------------|-----------------|---|--|--|-------|---|--------------------------|------------|---|---|---|--|---|--------------------------------|---------------|--|
| (Last) 123 SOU | (Fir | , | Middle) | | 3. Date of Earliest Transa 03/31/2017 | | | | | saction (Month/Day/Year) | | | | | Offic belo | • | Other below re President | (specify) | |
| (Street) MEMPH (City) | | | 38103 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Forr Forr | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | es Ac | quired, | Dis | posed o | f, or I | Bene | ficially | / Own | ed | | | |
| Date | | 2. Transa Date (Month/D | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | Secui | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Trans | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock 03/30 | | | | 03/30 | /2017 | 2017 | | | G | G V | | | D \$0.00 | | 2,111.66 | | D | | |
| Common Stock ⁽¹⁾ 03/31 | | | | 03/31 | /2017 | 2017 | | | A | | 9 | A \$7 | | 723.05 | 2,126.3548 | | D | | |
| Common Stock ⁽¹⁾ 03/31 | | | | /2017 | 2017 | | A | | 2 | A \$0 | | 0.0000 | 2,128.3548 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 3,600 | I | By GRAT | | |
| | 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) | conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, C C C (Month/Day/Year) (Month/Day/Year) Execution Date, C C C C C C C C C C C C C C C C C C C | | 4. Transa Code (8) | | tion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

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

William W. Graves

04/01/2017

** 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.