

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2025-07-02** | Period of Report: **2025-06-30**

SEC Accession No. [0001225208-25-006392](#)

([HTML Version](#) on [secdatabase.com](#))

REPORTING OWNER

JACKSON JAMERE

CIK: **1601813**

Type: **4** | Act: **34** | File No.: **001-10714** | Film No.: **251102377**

Mailing Address

*123 SOUTH FRONT STREET
MEMPHIS TN 38120*

ISSUER

AUTOZONE INC

CIK: **866787** | IRS No.: **621482048** | State of Incorporation: **NV** | Fiscal Year End: **0830**

SIC: **5531** Auto & home supply stores

Mailing Address

*123 S. FRONT ST.
DEPT 8074
MEMPHIS TN 38103*

Business Address

*123 SOUTH FRONT ST
DEPT 8074
MEMPHIS TN 38103
9014956500*

FORM 4

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

**UNITED STATES SECURITIES AND
EXCHANGE COMMISSION****Washington, D.C. 20549****OMB APPROVAL**

OMB Number: 3235-0287
Expires: 02/28/2011
Estimated average burden
hours per response 0.5

**STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person JACKSON JAMERE (Last) (First) (Middle) 123 SOUTH FRONT STREET (Street) MEMPHIS, TN 38103 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol AUTOZONE INC [AZO] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2025 4. If Amendment, Date Original Filed(Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner ☒ Officer (give title below) _____ Other (specify below) CFO 6. Individual or Joint/Group Filing (Check applicable line) ☒ Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person
--	---	--

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock ⁽¹⁾	06/30/2025		A		2	A	\$3,712.23	430.9331	D	

**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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					
						(A) (D)			Title Amount or Number of Shares				

Explanation of Responses:

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

Signatures

/s/ Jamere Jackson

** Signature of Reporting Person

07/01/2025

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.