FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Miller MaryAnn G.</u>					1211	AVINET HAC [AVI]										Direc	tor		10% O	wner	
							Date of Earliest Transaction (Month/Day/Year)									Office	er (give title v)		Other (specify below)		
(Last)	(Fi	rst) (Middle)					st rrans	action (iv	nontn/	Day/Year)				Senior Vice President						
C/O AVNET, INC.						01/02/2018											ocinor vic	cc i resid	CIIC		
2211 SO	IITH 47TH	STREET																			
2211 SOUTH 47TH STREET					1 If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
					- 4. "	AIIIC	enument	, Date 0	Origina	i i iiec	ı (IVIOITIII) L	ау/ ГС	ai)		ine)	auai o	i John Group	or ming (Ci	ICCK A	pplicable	
(Street)															X	Form	n filed by One	e Reportin	a Pers	on	
PHOENI	X A	Z 8	35034														n filed by Mor		-		
					-											Pers		ic than On	СТСР	orang	
(City)	(St	ate) (Zip)																		
		Tabl	e I - No	n-Deriv	<i>r</i> ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	eficia	ally C)wne	ed				
1. Title of S	Security (Inst	r. 3)		2. Trans	action	ction 2A. Deemed					4. Securit	ies A	cquired	(A) or		5. Amo	ount of	6. Owners	ship	7. Nature	
	, ,	•		Date	DaviVas	[Execution Date,					Disposed Of (D) (Instr. 3, 4			and Secur			Form: Direct (D) or Indirect	of Indirect Beneficial		
(MC				(Month/i			if any (Month/Day/Year)		Code (Instr. 5)		ا (ا				Ov		l Following	(I) (Instr. 4)	Ownership		
											Amount (A) or			1,		Reported Transaction(s)			(Instr. 4)		
										V	Amount		(A) (I) (D)	Price	(Instr. 3 and						
Common Stock 01/02/2						2/2018					2,185	D \$39		9.89 48,540 ⁽²⁾		3,540 ⁽²⁾	D				
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		10									onvertib				y Ovv	neu					
			<u> </u>				-					_		,		.				44.11.	
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		4. Transa	action	on of tr. Derivative		6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price of Derivative Security		9. Number o derivative	f 10. Ownership	rship	11. Nature of Indirect	
Security	or Exercise Price of Derivative	(Month/Day/Year)	if any (Month/Da	·	Code ((Instr			(Month/Day/Year)				urities derlying				Securities	Form:	٠ ا	Beneficial	
(Instr. 3)					8)	8)		Securities Acquired							(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security							(A) or Disposed of (D)						Security (Instr.		3		Following		(I) (Instr. 4)	,	
				14)												Reported Transaction(s)	(s)	, [
						(Instr. 3, 4										(Instr. 4)	``				
						and 5)		-		 											
														ount							
													or Nu	nber							
						l _v	(A)		Date Exercisa	Expiration Date			ires								
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Explanation of Responses:

- 1. Surrender of shares to pay taxes applicable to the vesting of incentive shares.
- 2. Includes 9,843 shares as to which the Reporting Person disclaims beneficial ownership for incentive shares alloted but not yet delivered.

/s/ Harvey Woodford, by power of attorney 01/04/2018

** 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.