FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SADOWSKI RAYMOND | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT] | | | | | | | | | tionship of Reporting Per all applicable) Director Officer (give title | | | son(s) to Issi 10% Ow Other (s | /ner |
|--|---|--|---|--------|-----------|---|---|------|------------------------------------|--------------------------|---------------------|--|---------------------------------------|-------------------------------------|---|---|---|--|---|
| (Last) (First) (Middle) C/O AVNET, INC. 2211 SOUTH 47TH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2005 | | | | | | | | | Senior VP and CFO | | | | |
| (Street) PHOENIX AZ 85034 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tak | le I - Nor | n-Deri | vativ | e Se | curities | s Ac | quired | , Dis | sposed o | of, or Be | nefici | ally | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | • | Transact (Instr. 3 a | ion(s) | | | (5 4) |
| Common Stock 09/23/3 | | | | | | | 2005 | | | | 8,260 | 8,260 ⁽¹⁾ A | | 0 | 65,091(3) | | | D | |
| | | | Table II - | | | | | | | | osed of converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, | Code (Ins | | | | 6. Date E Expiratio (Month/I | n Dat | | of Securities | | Deriva Securi urity (Instr. ! | | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | ve es ially ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Employee Stock Option (right to | \$24.78 | 09/23/2005 | | | A | | 16,516 | | (2) | | 09/22/2015 | Common Stock | 16,51 | 6 | \$0 | 16,51 | 6 | D | |

Explanation of Responses:

- 1. Incentive stock grant will vest in five equal installments. The first installment will vest in January 2006, with the balance to vest in four equal annual installments thereafter. The reporting person disclaims beneficial ownership of all of these shares
- 2. The option is exercisable in four equal annual installments beginning on the first anniversary of the date of grant.
- 3. Includes 15,156 shares as to which the Reporting Person disclaims beneficial ownership for incentive shares alloted but not yet delivered.

Remarks:

Jun Li, by power of attorney

09/29/2005

** Signature of Reporting Person

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.