SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] SCHUMANN WILLIAM H	2. Date of Event Requiring Stater (Month/Day/Year 02/11/2010	nent	3. Issuer Name and Ticker or Trading Symbol <u>AVNET INC</u> [AVT]					
(Last) (First) (Middle) C/O AVNET, INC.			4. Relationship of Reporting Pers (Check all applicable) X Director				5. If Amendment, Date of Original Filed (Month/Day/Year)	
2211 SOUTH 47TH STREET				Officer (give title below)	Other (spe below)		Applicable Line)	t/Group Filing (Check
(Street) PHOENIX AZ 85034								y One Reporting Person y More than One erson
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)				nt of Securities Illy Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock				0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Conversi or Exerci Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:	Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

William H. Schumann

<u>02/12/2010</u> Date

** 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 5 (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.