FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------|--|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | | 3235-028 | | | | | | | | | |
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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(h) |

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

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|---|--|--|--|---------|--|---|---|-------------------------------------|---------------------------------|--------|---|---|--------|---|---|---|---|--------------------------------|--|---|--|--|--|
| 1. 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) | | | | | | | | | |
| ROBINSON RAY M | | | | | | | | | | | | | X Dire | | tor | | 10% O | wner | | | | | |
| (Last) (First) (Middle) C/O AVNET, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2007 | | | | | | | | | | Office belov | er (give title v) | | Other (below) | specify | | | |
| 2211 SOUTH 47TH STREET | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. 17 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | |
| PHOENI | X A2 | Z 8 | 35034 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | r Bene | eficia | ally O | wne | ed | | | | | | |
| Date | | | | | te Exonth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed (Instr. 5) | | Disposed | curities Acquired (A sed Of (D) (Instr. 3, | | | 4 and Se | | 5. Amount of Securities Beneficially Owned Following | | rship irect direct 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock 11/01/ | | | | | | /2007 | | | s 10, | | 10,00 | 00 D | | \$4 | 2 | 755 | | 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. Deeme Execution I if any (Month/Day | Date, | 4. Transa Code (B) | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | vative urity ir. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | ership : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V (A) (D) | | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | | | | | | |

Explanation of Responses:

Remarks:

11/02/2007 Jun Li, by power of attorney

** 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.