FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OND APPRO	JVAL
l	OMB Number:	3235-0287
	Estimated average burde	en
l	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

1. Name a	2. Issuer Name and Ticker or Trading Symbol AVNET INC [ AVT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
HAMA										X	Director			10% Ov	vner					
(Last)	(F	irst)	Date of Earliest Transaction (Month/Day/Year)										Officer ( below)	(give title Other below)			specify			
C/O AVI	NET, INC.		08/13/2015										Chief Executive Officer							
	UTH 47TH																			
			If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
(Street)						Jacob or original mod (morning ayr roar)									Line)					
PHOENIX AZ 85034															X Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City) (State) (Zip)													. 0.00							
		Та	ble I - Non	-Deriva	tive	Securi	ties	Acqı	uired, I	Disp	osed o	f, or l	3en	eficially	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/						Execution (F) if any	2A. Deemed Execution Date, f any Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amoun Securities Beneficia Owned Fo	s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								v	Amount	(1	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock		/2015				A		29,29	6	Α	<b>\$0</b> <sup>(1)</sup>	70,8	)8 <sup>(2)</sup>		D				
Common Stock															161,301			I :	By Family Trust	
			Table II - I	Derivat e.g., pu											Owned				,	
4 Tid - 4			`	7.	, 0	<del></del>		<del>_</del>	•	<u> </u>					0 Puiss of			40	44 Notices	
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/Yea	Cod	nsactio le (Inst			A) d	Date Exe xpiration /lonth/Day	Date	of Securities		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	le V	(A)		ate xercisabl		opiration	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)					
Employee Stock Option (Right to Buy)	\$42.67	\$42.67 08/13/2015 A			104,	776		(3)	30	3/12/2025	Comm Stocl		104,776	\$0 104,7		76	D			

## **Explanation of Responses:**

- 1. Incentive stock grant will vest in four equal installments. The first installment will vest in January 2016, with the balance to vest in three equal annual installments thereafter.
- 2. Includes 70,898 shares as to which the Reporting Person disclaims beneficial ownership for incentive shares alloted but not yet delivered.
- 3. The option is exercisable in four equal annual installments beginning on the first anniversary of the date of grant.

/s/ Michael R. McCoy, by power of attorney

08/14/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.