FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| 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 and Address of Reporting Person*  CLARKSON LAWRENCE W  |   |  |   |         |   | 2. Issuer Name and Ticker or Trading Symbol AVNET INC [ AVT ] |   |         |   |     |   |       |                 |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |  |   |  |
| CLARKSON LAWRENCE W  |   |  |   |         |   |   |   | -       | -                                       |     |   |       |                 |                      | X   | Direc   | ctor  | 10% (  | Owner   |  |
| (Last) (First) (Middle) C/O AVNET, INC.  |   |  |   |         |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2007 |         |   |     |   |       |                 |                      |   | Office<br>below   | er (give title<br>w)  | Other<br>below   | (specify<br>)   |  |
| 2211 SOUTH 47TH STREET   |   |  |   |         |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |         |   |     |   |       |                 |                      | 6. Individual or Joint/Group Filing (Check Applicable                   |   |   |  |   |  |
|  |   |  |   |         |   | 4. II Amenument, Date of Original Filed (Month/Day/Year)      |   |         |   |     |   |       |                 |                      | Line)   |   |   |  |   |  |
| (Street)   |   |  |   |         |   |   |   |         |   |     |   |       |                 |                      | X Form filed by One Reporting Person                                    |   |   |  |   |  |
| PHOENI   | PHOENIX AZ 85034  |  |   |         |   |   |   |         |   |     |   |       |                 |                      | Form filed by More than One Reporting<br>Person                         |   |   |  |   |  |
| (City)   | (St   | ate) (                                     | Zip)  |         |   |   |   |         |   |     |   |       |                 |                      |   |   |   |  |   |  |
|  |   | Tabl                                       | e I - Nor                                     | n-Deriv | ative                                   | Se  | curitie   | s Acq   | uired,                                  | Dis | posed o   | f, o  | r Ben           | eficia               | ally (  | Owne  | ed  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |   |         |   | Execution   |   | n Date, | 3.<br>Transaction<br>Code (Instr.<br>8) |     | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5)                  |       |                 |                      | 4 and Secu  |   | cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |         |   |   | Code  | v       | Amount                                  |     | (A) or<br>(D)   | Price |                 | Transa               | action(s)<br>3 and 4)   |   | (111501.4)  |  |   |  |
| Common Stock 08/31/  |   |  |   |         |   | 8/31/2007   |   |         |   |     | 1,300   |       | D               | \$39.15              |   | 9,277   |   | D  |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |         |   |   |   |         |   |     |   |       |                 |                      |   |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of  |         | 6. Date E.<br>Expiratio<br>(Month/D     |     | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |       |                 |                      | vative<br>urity<br>r. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |   |  |   |         | Code                                    | v   | (A)   |         | Date<br>Exercisal                       |     | Expiration<br>Date  | Title | or<br>Nur<br>of | ount<br>nber<br>ires |   |   |   |  |   |  |

**Explanation of Responses:** 

Remarks:

Jun Li, by power of attorney 09/04/2007

\*\* 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.