FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burde	en								
	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*  VALLEE ROY						2. Issuer Name <b>and</b> Ticker or Trading Symbol AVNET INC [ AVT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
	(F NET, INC. UTH 47TH	irst) STREET	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2006									below)			Other (s below) CEO	specify	
(Street) PHOENIX AZ 85034  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - Nor	n-Deriv	/ative	e Se	ecurities	s Ac	auired.	Dist	osed c	of. or	Ben	eficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	action 2A Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A)			5. Amour Securities Beneficia Owned Fe	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Reported Transacti (Instr. 3 a	eported ansaction(s) istr. 3 and 4)			(Instr. 4)	
Common Stock 08/10						/2006			A		50,360	,360 <sup>(1)</sup> A		\$0	139,843 <sup>(3)</sup>			D		
Common Stock													131,981			I :	By Family Trust			
	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. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	ode \	v	(A)		Date Exercisab		xpiration ate	Title	C	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Employee Stock Option (right to	\$16.96	08/10/2006			A		100,724		(2)	08	8/09/2016	Comn		100,724	\$0	100,72	24	D		

## Explanation of Responses:

- 1. Incentive stock grant will vest in five equal installments. The first installment will vest in January 2007, 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 118,644 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

08/14/2006

\*\* 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.