FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Occident 10. Form 4 of Form 5		

OMB APPROVAL OMB Number: Estimated average burden

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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 Na		Danastian Day *			2 10	SSLIE	Name a	nd Tid	ker or Tradir	na 9	vmhol		5 1	Pelationshi	of Reportin	na Per	son(s) to Iss	uer
		Reporting Person*					T INC			ily J	yiiiboi			neck all app		ig r ci	3011(3) to 133	sue!
KHAY	KIN OLE	<u>.G</u>			-									X Dire	tor		10% Ov	vner
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2018								Officer (give title Other (spec below) below)				specify
2211 SO	UTH 47TH	STREET												P 11 1	1:40	-::·	(0) 1.4	
-					- ^{4. II}	Ame	nament,	Date	of Original F	ilea	(Montn/D	ay/Year)	Lin		r Joint/Group	p⊢ııını	g (Check Ap	plicable
(Street) PHOEN	IX A	Z	85034												•		orting Person n One Repo	
														Pers		ie iiiai	п Опе перо	rung
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	n-Deriv	ative	Sec	urities	s Ac	quired, D	Disp	osed o	of, or Be	neficia	lly Own	ed .			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				Execution Date,			Code (Instr. 5)			d Secur Benef Owner	ties For cially (D) I Following (I) (m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	ount (A) or (D)		Transa	eported ansaction(s) estr. 3 and 4)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, T General Conversion or Exercise (Month/Day/Year) of Execution Date, T General Conversion or Exercise (Month/Day/Year) of Execution Date, T General Conversion or Exercise (Month/Day/Year) of Execution Date, T General Conversion or Exercise (Month/Day/Year) or Exe				ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares					
Phantom Stock Units	\$0 ⁽¹⁾	05/22/2018			A		228		(1)		(1)	Common Stock	228	\$0	228		D	
Phantom Stock	\$0 ⁽²⁾	05/22/2018			A		2,455		(2)		(2)	Common Stock	2,455	\$0	2,455		D	

Explanation of Responses:

1. The reporting person has elected to receive 50% of the quarterly cash retainer in phantom stock units under the Avnet, Inc. Deferred Compensation Plan for Outside Directors. These units are to be settled 1 for 1 in the Issuer's Common Stock after cessation of membership on the Issuer's Board or upon a change in control of the Issuer.

2. The reporting person has elected to receive the directors' annual stock grant in phantom stock units under the Avnet, Inc. Deferred Compensation Plan for Outside Directors. These units are to be settled 1 for 1 in the Issuer's Common Stock after cessation of membership on the Issuer's Board or upon change in control of the Issuer

/s/ Harvey Woodford, attorney-05/24/2018

** 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 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.