FORM 4

UNITED STATE

Washington

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n. D.C. 20549	-	=
I, D.C. 20549	OMB APPROVA	ı

UIVID APPROVAL									
OMB Number:	3235-0287								
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(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1 Name ar	nd Address of	Reporting Person*			2.1	ssuer	Name and	d Tick	er or Trad	ling S	ymbol			Relationship		g Pers	son(s) to Iss	uer	
I	EL HELM						ET INC				•		(Ch	neck all appli	cable)	-	,		
<u>GASSEL HELWOT</u>														✓ Director			10% O\	· I	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below)	(give title		Other (s below)	specity	
C/O AVNET, INC.					01/02/2025														
	7TH STRE	ET																	
	, III STICE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															iled by One	e Repo	orting Perso	,	
PHOENI	X A	Z	85034												,		One Repo	I	
														Persoi	ו				
(City)	(S	tate)	(Zip)																
		Tak	ole I - Non	-Deriv	ativ	e Se	curities	Acc	uired.	Disi	oosed o	f. or Be	neficial	lv Owned					
1 Title of 9	Security (Inst		101	2. Trans			2A. Deeme		3.	,		-		5. Amou		6 04	nership	7. Nature of	
i. Title of s	becurity (ilisi	3)		Date (Month/Day/Year)			Execution Date,		Transaction					l Securitie	s Form	Form	n: Direct	Indirect Beneficial	
			(IVIOTILII/			if any (Month/Day/Year)		Code (Instr. 8)		5)				ollowing (i) (li		nstr. 4)	Ownership		
									Code	v	Amount	(A) o	Price		saction(s)			(Instr. 4)	
						\dashv			1	ļ .	-	(D)	1	(Instr. 3	and 4)				
Common Stock														1,	265		D		
			Table II - I	Deriva	tive	Sec	urities A	\cqu	ired, D	ispo	sed of,	or Ben	eficially	Owned					
			(e.g., p	uts,	call	s, warra	ınts,	option	ıs, c	onvertib	ole secu	rities)						
1. Title of	2.	3. Transaction	3A. Deemed				5. Numbe		6. Date E			7. Title a		8. Price of	9. Numbe		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D if any	· · · / c	Code (In		(Instr. Securities		(Month/Day/Year) Sec				5	Derivative Security	derivative Securities	s	Ownership Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/	Year) 8	3)		Acquired or Dispo	sèď	Underlying Derivative Sec					(Instr. 5)	Beneficially Owned	,	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security					of (D) (Instr. 3, 4 and 5)							nd 4)		Following Reported	eported	(I) (Instr. 4)		
								П		П			Amount	1	Transacti (Instr. 4)	on(s)			
													or Number						
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Shares						
Phantom Stock Units ⁽¹⁾	(1)	01/02/2025			Α		3,442 ⁽²⁾		(1)	$ \top $	(1)	Common Stock	3,442	\$0	3,442	2	D		

Explanation of Responses:

- 1. Each Phantom Stock Unit ("PSU") equals one share of the Issuer's common stock and will be settled in the Issuer's common stock after the reporting person leaves the Issuer's Board or upon change of control
- 2. The reporting person deferred 100% of the annual stock grant, so PSUs were issued pursuant to the Avnet, Inc. Deferred Compensation Plan for Outside Directors. The directors' annual stock grant was based on \$52.28 per share

/s/ Darrel S. Jackson, Attorney-01/03/2025 In-Fact

** 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.