FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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* ONEILL MICHAEL J 2. Date of Event Requiring Statement (Month/Day/Year) 09/27/2016 | | | nent | 3. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT] | | | | | | | |
|--|--------------|----------|---------------------|--|--|----------------------|---|---|---|---|--|
| (Last) C/O AVNET, | (First) INC. | (Middle) | | | 4. Relationship of Reporting Perso (Check all applicable) Director | | on(s) to Issuer 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| 2211 SOUTH 47TH STREET | | | | | X Officer (give title below) | Other (spe below) | , 10 | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) PHOENIX | AZ | 85034 | | | Genera | l Coun | sel | | X | Form filed by | y One Reporting Person y More than One erson |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | . Amount of Securities Beneficially Owned (Instr. | 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| Common Stock | | | | | 0 | | D | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | Underlying Derivative Security (Instr. 4) Conve | | Convers or Exerc | rcise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Price of Derivativ Security | /e | Direct (D) or Indirect (I) (Instr. 5) | |

Explanation of Responses:

Michael J. O'Neill 09/27/2016

** 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 5 (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.