FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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. Name and Address of Reporting Person* MADDOCK ERNEST E			2. Date of Event Requiring Statement (Month/Day/Year) 08/25/2021 3. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT]								
(Last) C/O AVNE 2211 SOUT (Street) PHOENIX (City)	H 47TH STE	(Middle) REET 85034 (Zip)			4. Relationship of Report Issuer (Check all applicable) X Director Officer (give title below)	10% (Owner (specify	File 6. II	ndividual or Joeck Applicable Form filed I Person	int/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Inst 4)	r. Form: (D) or			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					0(1)		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Underlying Derivative (Instr. 4)		4. Conver or Exer	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

1. No securities are beneficially owned.

/s/ Joy S. Newborg, Attorney-In-Fact

08/26/2021

** Signature of Reporting

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.