## FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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*  HAMADA RICHARD P						2. Issuer Name and Ticker or Trading Symbol AVNET INC [ AVT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O AVNET, INC. 2211 SOUTH 47TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/05/2010								X	X Officer (give title below) Other (specify below)  President and COO				
(Street) PHOENIX AZ 85034					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Line)  X Form filed by One Reporting Perform filed by More than One Reperson											ting Persor	1	
(City)	(S	tate)	(Zip)			- 0-				D:-		D		-:	. 0				
Table I - Non-Deriv.  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					saction	n 2 Ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		or	5. Amour Securitie Beneficia Owned F	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect I	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11					11/05/2010						12,93	0 A	\$	617.47	78,096			I 1	By Family Trust
Common Stock 1					11/05/2010						9,6000	1) Г	\$	31.23	68,	.496		I 1	By Family Trust
Common Stock 11/05					)5/201	5/2010					3,330	) [	\$	31.23	65,	166		I 1	By Family Trust
Common Stock 11/05/					05/201	2010			A		18,53	30 A \$0 <sup>(2)</sup>		52,893 <sup>(3)</sup>		D			
			Table II -							•	osed of, onverti			-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transa	4. Transaction Code (Instr.		5. Number of			able and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber ires					
Employee Stock Option (right to buy)	\$17.47	11/05/2010			М			12,930	(4)	(	09/22/2014	Common Stock	1 12,	.930	\$0	0		D	

### **Explanation of Responses:**

- 1. Surrender of shares in connection with cashless exercise.
- 2. Incentive stock grant will vest in five equal installments. The first installment will vest in January 2011, with the balance to vest in four equal annual installments thereafter.
- 3. Includes 52,893 shares as to which the Reporting Person disclaims beneficial ownership for incentive shares alloted but not yet delivered.
- 4. The option vested in four annual installments on September 23, 2005, 2006, 2007 and 2008.

# Remarks:

11/08/2010 Jun Li, by power of attorney \*\* 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.