FORM 4

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
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*																5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
VALLE	E ROY				1	111		<u>10</u> [²	.,							X	Direc	ctor	10%	Owner	
(Loct)	(Fi.	rot) (Middle		2 [) oto	of Corl	oot Tron	sootion /	Mont	h/D	You/Voor)			_	X	Offic belov	er (give title	Other below	(specify	
(Last) (First) (Middle) C/O AVNET, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2007										Chairman and CEO						
	UTH 47TH	STREET																			
		JIKELI			- 4 1	f Am	endme	nt Date	of Origin	al File	ed	(Month/Da	v/Ye	ear)		6 Indi	/idual o	r Joint/Group	Filing (Check	Annlicable	
(Street)								,				(.,	,		Line)				.	
PHOENI	X AZ	Z 8	35034														X Form filed by One Reporting Person Form filed by More than One Reporting				
					-												porting				
(City)	(St	ate) (Zip)																		
		Tabl	e I - No	n-Deriv	ative	e Se	curit	ies Ac	quire	l, Di	sp	osed o	f, o	r Ber	nefic	ially	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.			4. Securities Acquired (A)							6. Ownership	7. Nature	
				Date (Month/Day/Year		Year) Execution Date,		Code	actio (Inst		Disposed Of (D) (Instr. 3, 4 5)			r. 3, 4	and	Benef	Securities Beneficially	Form: Direct (D) or Indirect	of Indirect Beneficial		
							(Month/Day/Year)		r) 8)	8)		ļ r			1			d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)	
										· v		Amount		(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				
																		By			
Common Stock		12/19/2006		5			G	V	,	300		D	:	\$0		36,199	I	Family			
										_					<u> </u>					Trust	
																		_	By		
Common Stock				12/19	12/19/2006				G	V		300		D	'	\$ <mark>0</mark>	135,899		I	Family Trust	
						_			F	╀	4				1.					Trust	
Common	non Stock 01/02/2007					,			┸		9,578(1)		D	D \$25.53		117,087		D			
Common	mmon Stock 01/02/2			2/2007	2007			G	V	,	20,365		D	\$0		96,722(2)		D			
										T	٦				T					By	
Common Stock			01/02/2007					G	V	,	20,365		Α	\$0		156,264		I	Family		
																				Trust	
		Та										sed of,					vned				
			(e.g., p	uts, c	calls	s, wa	rrants	, optio	ns,	СО	nvertib	le s	secur	ities)					
1. Title of Derivative	2. Conversion	3. Transaction Date			4. Transactio					6. Date Exercis Expiration Date				. Title and mount of		8. Price of Derivative	rice of vative	9. Number of derivative	f 10. Ownership	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Da	.	Code 8)					(Month/Day/Ye			Sec	Securities Underlying		Sec	urity tr. 5)	rity Securities	Form: Direct (D)	Beneficial Ownership	
` ,			,		•	-,		quired or					Der	Derivative Security (In:		Ι.	,	Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
							Disposed of (D) (Instr. 3, 4 and 5)							and 4)				Reported Transaction(s)	1		
																		(Instr. 4)			
					Τ	+	Ť			Γ				nount	1						
															ımber						
					Code	v	(A)	(D)	Date Exercis	able		xpiration ate	Title	e of Sh	nares						

Explanation of Responses:

- 1. Surrender of shares to pay taxes applicable to the vesting of incentive shares.
- 2. Includes 88,701 shares as to which the Reporting Person disclaims beneficial ownership for incentive shares alloted but not yet delivered.

Remarks:

01/10/2007 Jun Li, by power of attorney ** 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.