FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20040

STATEMENT	OF	CHANGES	IN RENEE	ICIAI	OWNERS	SHIP
	O.	CHANCES	II4 DEI4EI	IOIAL	CANIATIO	JI 111

OMB 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).

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* SCHUMANN WILLIAM H					2. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	NET, INC.	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014								Officer below)	(give title		Other (s below)	specify
2211 SOUTH 47TH STREET (Street) PHOENIX AZ 85034			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) ((Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,			Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefici Owned I	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code V		Amount	(A) or (D) Pri		Reporte Transac (Instr. 3	ansaction(s) nstr. 3 and 4)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, urity or Exercise (Month/Day/Year) if any		Date, T	4. Transaction Code (Instr. 8)		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code V	v	(A)		Date Exercisable	Exp Dat	oiration te	Title	Amount or Number of Shares					
Phantom Stock Units	\$0 ⁽¹⁾	01/02/2014			A		3,003		(1)		(1)	Common Stock	3,003	\$0	10,431	1	D	
Phantom Stock Units	\$0 ⁽²⁾	01/02/2014			A		718		(1)		(1)	Common Stock	717	\$0	11,148	3	D	

Explanation of Responses:

- 1. The reporting person has elected to receive the directors' annual stock grant in phantom stock units under the Avnet, Inc. Deferred Compensation Plan for Outside Directors. These units are to be settled 1 for 1 in the Issuer's Common Stock after cessation of membership on the Issuer's Board or upon change in control of the Issuer.
- 2. The reporting person has elected to receive 50% of the quarterly retainer in phantom stock units under the Avnet, Inc. Deferred Compensation Plan for Outside Directors. These units are to be settled 1 for 1 in the Issuer's Common Stock after cessation of membership on the Issuer's Board or upon change in control of the Issuer.

Remarks:

<u>Michael McCoy, by power of attorney</u>

01/03/2014

** 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.