Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* GALLAGHER PHILIP R | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVNET INC [AVT] | | | | | | | | Chec | ationship of Reporting k all applicable) Director Officer (give title | | | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|---|--|---|---|---|-----|---|--------|---------------------|------------------------------------|---|---|--|---|---|--|---|--|
| (Last) (First) (Middle) C/O AVNET, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2013 | | | | | | | | X | below) | | | below) | pechy | |
| 2211 SOUTH 47TH STREET (Street) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| PHOENIX AZ 85034 | | | | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | | ole I - Noi | 1 | | _ | | | <u> </u> | l, Dis | - | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | | Transacti (Instr. 3 a | on(s) | | | instr. 4) | |
| Common Stock 08/0 | | | | | 8/2013 | | | | A | | 2,94 | 4 A | \$0 | (1) | 25,611 ⁽²⁾ | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 34,967 | | | I (| By Gallagher Family Trust | |
| | | - | Table II - | | | | | | | | osed of converti | | | | 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 if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Expirati (Month) | on Da | | of Securi Underlyi Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | | |
| Employee Stock Option (right to | \$39.04 | 08/08/2013 | | | A | | 32,740 | | (3) | | 08/07/2023 | Common Stock | 32,74 | 0 | \$0 | 32,74 | 40 | D | | |

Explanation of Responses:

- 1. Incentive stock grant will vest in four equal installments. The first installment will vest in January 2014, with the balance to vest in three equal annual installments thereafter.
- 2. Includes 19,397 shares as to which the Reporting Person disclaims beneficial ownership for incentive share alloted but not yet delivered.
- 3. The option is exercisable in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

Michael R. McCoy, by power

08/09/2013

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.