## Edgar Filing: AVNET INC - Form 4

AVNET INC Form 4										
April 04, 201	6									
								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securitie								Estimated burden hou response	urs per	
obligation may contin <i>See</i> Instruct 1(b).	s Section 17(	(a) of the l	Public U	Jtility Hol	ding Co		of 1935 or Secti			
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> SCHUMANN WILLIAM H			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		AVNET INC [AVT]				(Check all applicable)				
(Last) (First) (Middle) C/O AVNET, INC., 2211 SOUTH 47TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016			X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) 4			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
PHOENIX, A	AZ 85034						Person	More than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ecurity (Month/Day/Year) Execution Date, if Transaction		ransactionAcquired (A) or ode Disposed of (D) nstr. 8) (Instr. 3, 4 and 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D) Price	(insu: 5 and 4)			
Reminder: Repo	rt on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforı requi	nation cont red to resp	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year	) (Instr. 8)	Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ired sed ) . 3, 4,					(Instr. 5)
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0 <u>(1)</u>	04/01/2016	A	778		<u>(1)</u>	<u>(1)</u>	Common Stock	778	\$ 0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
Reporting Owner Fund, Fruitess	Director	10% Owner	Officer	Other			
SCHUMANN WILLIAM H C/O AVNET, INC. 2211 SOUTH 47TH STREET PHOENIX, AZ 85034	Х						
Signatures /s/ Michael R. McCoy, by power attorney	er of	04	/01/2016	Ĵ.			

## **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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).

Date

The reporting person has elected to receive 50% of the quarterly cash retainer in phantom stock units under the Avnet, Inc. Deferred(1) 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 a change in control of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.