AUTOZONE INC Form SC 13G/A February 10, 2016

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

(AMENDMENT NO. 1)*

Autozone, Inc.

(Name of Issuer)

Common Stock

(Title of Class of Securities)

053332102

(CUSIP Number)

12/31/2015

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

Х	Rule 13d-1(b)
0	Rule 13d-1(c)
0	Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Page 1 of 4 Pages

Edgar Filing: AUTOZONE INC - Form SC 13G/A

CUSIP NO. 053332102	13G	Page 2 of 4 Pages			
1.	NAME OF REPORTING PERSONS				
Massachusetts Financial Services Co	ompany ("MFS")				
2. CHECK TH (SEE INSTRUCTIONS)	IE APPROPRIATE BOX IF A MEM	BER OF A GROUP			
a) o (b) o					
Not Applicable					
3.	SEC USE ONLY				
4. CI	TIZENSHIP OR PLACE OF ORGA	NIZATION			
Delaware					
NUMBER OF SHARES BENEFICI	ALLY OWNED BY EACH REPOR	TING PERSON WITH:			
5.	SOLE VOTING POWER				
1,534,405 shares of common stock					
6.	SHARED VOTING POWE	R			
None					
7.	SOLE DISPOSITIVE POWE	ER			
1,674,481 shares of common stock					
8.	SHARED DISPOSITIVE POW	VER			
None					
9. AGGREGATE AMOU	JNT BENEFICIALLY OWNED BY	EACH REPORTING PERSON			
1,674,481 shares of common stock, c non-reporting entities.	consisting of shares beneficially owned	ed by MFS and/or certain other			
10. CHECK IF THE AGGREGATE INSTRUCTIONS)	AMOUNT IN ROW (9) EXCLUDES	S CERTAIN SHARES (SEE			
Not Applicable					

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0

12.	TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)

IA

5.5

Schedul	e 13G		Page 3 of 4 Pages		
ITEM 1	:	(a)	NAME OF ISSUER:		
See Cov	ver Page				
(b)	ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:				
	th Front Street is, TN 38103				
ITEM 2	:	(a)	NAME OF PERSON FILING:		
See Iten	n 1 on page 2				
	(b)	ADDRESS OF PRINCIP	AL BUSINESS OFFICE OR, IF NONE, RESIDENCE:		
	ntington Avenue MA 02199	>			
(c)	CITIZENSHI	P:			
See Iten	n 4 on page 2				
(d)	TITLE OF CI	LASS OF SECURITIES:			
See Cov	ver Page				
(e)	CUSIP NUM	BER:			
See Cov	ver Page				
ITEM 3 Rule 13	: d-1(b)(1)(ii)(E)	The person filing	is an investment adviser in accordance with		
ITEM 4	:		OWNERSHIP:		
(a)	AMOUNT BI	ENEFICIALLY OWNED:			
See Iten	n 9 on page 2				
(b)	PERCENT OF CLASS:				
See Iten	n 11 on page 2				
(c)NUI	MBER OF SHA	RES AS TO WHICH SU	CH PERSON HAS VOTING AND DISPOSITIVE POWERS		

(SOLE AND SHARED):

See Items 5-8 on page 2

ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS:

0

Not Applicable.

Schedule 13G	Page 4 of 4 Pages				
ITEM 6:	OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:				
Not Applicable					
 IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON: 					
Not Applicable					
ITEM 8:	IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:				
Not Applicable					
ITEM 9:	NOTICE OF DISSOLUTION OF GROUP:				
Not Applicable					
ITEM 10:	CERTIFICATIONS:				

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 10, 2016

Massachusetts Financial Services Company

By: /s/ DANIEL W. FINEGOLD Daniel W. Finegold Vice President and Assistant Secretary