O REILLY AUTOMOTIVE INC

Form 4

February 01, 2016

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FORM	 4					APPROVAL					
	CIVILD		URITIES AND EXCHANGE Vashington, D.C. 20549	E COMMISSIO	N OMB Number:	3235-0287					
Check thi					Expires:	January 31,					
if no long subject to		WNERSHIP OF	7	2005 d average							
Section 1	6.			burden h							
Form 4 or Form 5			response	9 0.5							
obligation may cont See Instru 1(b).	nue.										
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *			uer Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer							
Groves Jeffr	rey Lynn	Syml		issuei							
		O R [OR	ILLY AUTOMOTIVE INC Y]	(Che	eck all applica	ble)					
(Last)	(First) (M		e of Earliest Transaction	Director		0% Owner Other (specify					
233 S PATTERSON			h/Day/Year)	_X_ Officer (give title Other (specify below)							
233 S PATT	ERSON	01/2	3/2016	SVP OF LEGA	L & GENER	AL COUNSEL					
	(Street)	4. If	mendment, Date Original	6. Individual or	Joint/Group F	iling(Check					
		Filed	Month/Day/Year)	Applicable Line) _X_ Form filed by	· On a Damantin a	. Dancan					
SPRINGFIE	ELD, MO 65802				More than One						
(City)	(State)	(Zip)	able I - Non-Derivative Securities A	Acquired, Disposed	of, or Benefic	ially Owned					
1.Title of	2. Transaction Date		3. 4. Securities	5. Amount of	6.	7. Nature of					
		Execution Date	if TransactionAcquired (A) or Code Disposed of (D)	Securities Repeticially	Ownership Form: Direct	Indirect					
(Instr. 3)		any (Month/Day/Yo		Beneficially Owned	(D) or	Ownership					
				Following	Indirect (I)	(Instr. 4)					
			(A)	Reported	(Instr. 4)						
			or	Transaction(s) (Instr. 3 and 4)							
C			Code V Amount (D) Price	e (msur s und 1)							
Common Stock				100 (1)	D						
Common Stock				1,207 (2)	I	Indirectly as trustee for a trust and in the Company's					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02)

401k plan.

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required to respond unless the form displays a currently valid OMB control number.

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha
Nonqualified employee stock options (right to buy)	\$ 256.34	01/28/2016		A	1,008	01/28/2017(3)	01/28/2026	Common Stock	1,

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Groves Jeffrey Lynn 233 S PATTERSON SPRINGFIELD, MO 65802

SVP OF LEGAL & GENERAL COUNSEL

Signatures

/s/ Jeffrey Groves 02/01/2016

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).
- (1) Total includes 9 shares held under the Company's Employee Stock Purchase Plan, 38 unvested restricted shares awarded under the Company's Performance Incentive Plan and 53 shares held directly by Mr. Groves.
- (2) Total includes 1,000 shares held as trustee of a trust for the benefit of the reporting person's parents and 207 shares held in the Company's 401k Plan.
- (3) The options vest in four equal annual installments beginning on this date.

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.

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