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if no longer subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 20 Estimated average burden hours per		
ONTED STATES SECURITIES SECURITIES SECURITIES SECURITIES OMB 3235-02 Washington, D.C. 20549 OMB 3235-02 Washington, D.C. 20549 SUBJECT ON STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to section 16. SECURITIES Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 16(b). Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 16(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 1. Issuer Name and Ticker or Trading CAPPS JOHN R Signet of the Earliest Transaction (Month/Day/Year) Director (Month/Day/Year) Intervention (Month/Day/Year) Intervention (Street) (First) (Intervention (Month/Day/Year) Intervention (Month/Day/Year) Intervention (Month/Day/Year) Intervention (Street) (Check all applicable Line) (In	-	
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires: 201001 (2010) Estimated average burden hours per response 20100000000000000000000000000000000000	287	
(Print or Type Responses) 1. Name and Address of Reporting Person 2 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (CAPPS JOHN R 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer 11830 OLIVE BOULEVARD 3. Date of Earliest Transaction (Month/Day/Year) Director	Estimated average burden hours per response 0.5	
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)		
11830 OLIVE BOULEVARD (Month/Day/Year) Officer (give titleOther (specify below) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) CREVE COEUR, MO 63171		
Filed(Month/Day/Year) Filed(Month/Day/Year) CREVE COEUR, MO 63171 (City) (State) (Zip) (Zip) Filed(Month/Day/Year) Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person		
CREVE COEUR, MO 031/1 Person		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3.4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)5. Amount of Securities6.7. Nature of Indirect0.6.7. Nature of Indirect0. <t< td=""><td>ıl</td></t<>	ıl	
Common stock, par value $\$0.01$ 05/24/2005 S 12,000 D $\$$ 14.66 (Instr. 3 and 4) S 12,000 D $\$$ 334,300 D		

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 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CAPPS JOHN R 11830 OLIVE BOULEVARD CREVE COEUR, MO 63171		Х					
Signatures							
Lynne A. Burgess, Attorney-in-Fact		05/25/2005					
**Signature of Reporting Person		Date					

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).

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.