FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-010     |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| hours per response       |  |  |  |  |  |  |  |  |

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*  CLARKE JANET M  2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2005 |                        |                | nent   | 3. Issuer Name and Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC [ NYSE: ABG ] |  |                            |  |   |   |   |  |
|--|------------------------|----------------|--|---|--|----------------------------|--|---|---|---|--|
| (Last)<br>20290 FAIRW  | (First)<br>/AY OAKS DR | (Middle)       |  |   | Relationship of Reporting Pers (Check all applicable)     X Director                         |                            | son(s) to Issuer                       |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |   |  |
| (Street) BOCA RATON (City)   | FL (State)             | 33434<br>(Zip) |  |   |  | Officer (give title below) | Other (spe<br>below)                   | cify  |   | cable Line) Form filed by                   | /Group Filing (Check<br>y One Reporting Person<br>y More than One<br>erson |
| Table I - Non-Derivative Securities Beneficially Owned   |                        |                |  |   |  |                            |  |   |   |   |  |
| 1. Title of Security (Instr. 4)  |                        |                |  |   | . Amount of Securities and Instr. 4) eneficially Owned (Instr. 4) or Indirect (I) (Instr. 5) |                            | et (D)                                 | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |   |  |
| No securities are beneficially owned   |                        |                |  |   |  | 0                          | D                                      |   |   |   |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)         |                        |                |  |   |  |                            |  |   |   |   |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)                         |                        | ate            | 3. Title and Amount of Secu<br>Underlying Derivative Secur |   | rity (Instr. 4) Conv   |                            | rcise                                  | 5.<br>Ownership<br>Form:                              | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |   |  |
|  |                        |                | Date<br>Exercisable  | Expiratio<br>Date   | n Title  | )                          | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivati<br>Securi                        | tive  | Direct (D)<br>or Indirect<br>(I) (Instr. 5) |  |

Explanation of Responses:

Remarks:

Lynne A. Burgess, Attorney-in-04/01/2005

Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.