FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McKenzie Renee E			. Date of Event Requiring Staten Month/Day/Year 15/29/2014	nent	3. Issuer Name and Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC [ABG]						
(Last) (First) (Middle) C/O ASBURY AUTOMOTIVE GROUP, INC.		` ′			Relationship of Reporting Pers (Check all applicable) Director Officer (give title)		on(s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)		
2905 PREMIERE PARKWAY NW, SUITE 300						X Officer (give title below) VP, Human Reso	below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) DULUTH	GA	30097							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		cṫ (D) (Ir	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		str. 4)	2. Date Exercisable an Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secu Underlying Derivative Secu			4. Conversi or Exerci Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Derivativ Security			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>Renee E. McKenzie</u> <u>06/02/2014</u>

** Signature of Reporting Person Da

Data

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

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.

 $^{^{\}star}$ 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).