FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:		3235-028									
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Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

							. ,				<u>'</u>									
Name and Address of Reporting Person*  LL L D						2. Issuer Name <b>and</b> Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hult David W															Director			100	6 Owner	
							ABG ]								X	Office	er (give title v)	Oth bel	er (specify ow)	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)							$\neg$	EVP & COO					
C/O ASBURY AUTOMOTIVE GROUP, INC.						02/08/2017												4 000		
· ·						02/00/2017														
2905 PREMIERE PARKWAY NW, SUITE 300						4 If A way drawer to Detect of Original Filled (Maryth/D. 1977)								1						
					.   4. Iī	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														-'	,	Farm	filed by One	Departing F	0.000	
DULUTI	H GA	Λ 3	80097												X Form filed by One Reporting Person					
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(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Trans	action				3.									6. Ownershi		
		•		Date	D0/	Execution Date,					Of (D	Of (D) (Instr. 3, 4					Form: Direct (D) or Indire			
(Month/Da						ay/Year)   if any (Month/Day/Year)		Code (Instr. 5)				Benefi		Following	(I) (Instr. 4)	Ownership				
						(			` <del> </del>	_	<del> </del>		(A) == 1		— I	Reported Transaction(s)		(,, (,	(Instr. 4)	
							Code	l۷	Amount	(A) or (D)		Price			ction(s) 3 and 4)					
Common Stock 03/00							/2017		A		6.0930	(1) A		4	\$0 39,959		0.050	D		
Common Stock 02/08/						/201/			A		0,000 A		Ψ	33,333		ע				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		10									onvertib				,	···cu				
1. Title of	2.	3. Transaction	3A. Deem	od	4.		E Nu	mbor	6 Data E	vorois	able and	7 Tit	tle and		8. Pric	00 of	9. Number o	f 10.	11. Nature	
Derivative	Conversion	Date	Execution		Transa	ction	of E Derivative (			6. Date Exercisable a Expiration Date		le and 7. Title and Amount of			Derivative		derivative	Ownership		
Security	or Exercise Price of	(Month/Day/Year)	if any		Code (	Instr.			(Month/D	ay/Ye	ar)	Securities			Security		Securities	Form:	Beneficial	
(Instr. 3)	ıy/Year)   8)			Securities Acquired			Underlyin Derivative					(Instr.	. 5)	Beneficially Owned	Direct (D) or Indirect					
	Derivative Security	e   Acquired   Derivative								str. 3			Following	(I) (Instr.						
	_					Disposed of (D)										Reported		1		
								3,4									Transaction (Instr. 4)	(s)		
						and 5)								(1115011 4)						
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			Date   Expiration   of   Code   V (A) (D)   Exercisable   Date   Title   Sha								res									
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#### **Explanation of Responses:**

1. Represents grant of restricted stock award. Vesting will occur in three equal annual installments beginning on the first anniversary of the grant date.

### Remarks:

/s/George A. Villasana, 02/10/2017 **Attorney In-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 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.

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.