FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL							
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ASBURY AUTOMOTIVE		. Date of Event Requiring Staten Month/Day/Year 13/13/2002	nent	3. Issuer Name and Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC [ABG]						
	4. Relationship of Reporting Person(s) to Issue (Check all applicable)		(Me	5. If Amendment, Date of Original Filed (Month/Day/Year)						
(Last)	(First)	(Middle)			Officer (give title below)	Other (spe below)	cify 6. I	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street)								Form filed b	y More than One	
(City)	(State)	(Zip)						Reporting P	erson	
Table I - Non-Derivative Securities Beneficially Owned										
			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock, par value \$0.01 per share				17,550,743	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 at Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conve		Conversion or Exercise	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Peter Berger

04/01/2003

** Signature of Reporting Person Da

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

- * 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.