FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

37 Estimated average burden hours per response: 0.5

	ion 1(b).	ue. See		File							ies Exchan			34		nours	per response:	0.5	
1. Name and Address of Reporting Person*  CAPPS JOHN R  (Last) (First) (Middle)  11830 OLIVE BOULEVARD					2. Is AS NY	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  ASBURY AUTOMOTIVE GROUP INC  [ NYSE: ABG ]  3. Date of Earliest Transaction (Month/Day/Year)  06/10/2004									Check all app Direc	olicable) etor er (give title	g Person(s) to I  X 10% (  Other below	Owner (specify	
(Street) CREVE COEUR MO 63171 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	r Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) if a		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4		(A) or 3, 4 ar	nd Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Trans	action(s) 3 and 4)		(111341. 4)	
Common Stock, par value \$0.01 per share 06/10/.					/2004				S		11,000	)	D	\$14	26 488,572		D		
		Та						•			osed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		n Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	ative rities ired osed . 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title		ount nber	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

Remarks:

Lynne A. Burgess, Attorney-in-06/11/2004 **Fact** 

\*\* Signature of Reporting Person

Date

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 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.