FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								

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

ubject to STA	ATEMENT OF CHANGES IN BENEFICIAL OWNE	KONIP II	OMB Number: Estimated avera	3235- ge burden	0287
e	<u>[</u>	hours per respor	nse:	0.5	
ting Person*	2. Issuer Name and Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC [5. Relationship of Re (Check all applicable Director		(s) to Issuer	

1. Name and Address of Reporting Person* WEGNER DAVID K			AS	2. Issuer Name and Ticker or Trading Symbol ASBURY AUTOMOTIVE GROUP INC [NYSE: ABG]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last) 708 PINI	(Fii E HOLLOW	,	(Middle)			ate of L <mark>0/2</mark> (st Trans	action (Month/Day/Year)						belov		below			
(Street) FRIEND	SWOOD T	x	77546		4. If	ndment	, Date o	Original Filed (Month/Day/Year)				6. Indi Line)	X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate)	(Zip)												Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																				
1. Title of Security (Instr. 3)		Date (Month/Day/Yo		/Year) Exe	xecution Date, any Month/Day/Year)	3. Transaction Code (Instr. 8)		Disposed Of (O) (Instr.	(A) or 3, 4 and	Secur Benef Owne Repor	curities neficially rned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						\downarrow			Code	٧	Amount		(A) or (D)	Price		action(s) 3 and 4)				
		value \$0.01 p		06/10		4			S		1,000	-	D	\$14.15	-	13,000	D			
		value \$0.01 p		06/10		+			S	_	1,000		D	\$14.18	1	12,000	D			
		value \$0.01 p		06/10		+			S	_	100	_	D	\$14.2	+	11,900	D			
		value \$0.01 p		06/10		+			S		900		D	\$14.18	1	1,000	D			
		value \$0.01 p		06/10		-			S		1,000		D	\$14.25		10,000	D			
		value \$0.01 p		06/10		-			S	<u> </u>	800		D	\$14.25		39,200	D			
		value \$0.01 p		06/10		-			S	<u> </u>	200		D	\$14.29	-	39,000	D			
		value \$0.01 p		06/10				S		1,000	\dashv	D	\$14.25	38,000		D				
		value \$0.01 p				2004			S		1,000		D	\$14.2			D			
Common Stock, par value \$0.01 per share 06/10/2							S		1,000		D			86,000	D					
		vlaue \$0.01 p		06/10					S	<u> </u>	900		D	\$14.2			D			
Common Stock, par value \$0.01 per share 06/10/2				+			S		100		D	\$14.22		35,000	D					
	mon Stock, par value \$0.01 per share 06/10/2				+			S		1,000		D	\$14.24	1	34,000	D				
		value \$0.01 p		06/10		\bot			S	_	800		D	\$14.22	1	33,200	D			
	ommon Stock, par value \$0.01 per share 06/10/2							S	_	100		D	\$14.23	+	33,100	D				
Common	Stock, par v	value \$0.01 p		06/10					S		100		D	\$14.25	<u> </u>	33,000	D			
			Table II - I								sed of, onvertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deem	ed n Date,	4. Transa	ransaction of ode (Instr. Se Ac (A Di of (Instr. Se Ac (A Di of (Instr. Se Ac (A Di of (Instruction of (Instru		of E			able and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. F Der Sec (Ins	Price of ivative curity str. 5)	rative derivative securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	n of Respons				Code	ode V (A) (D) E					Expiration Date	Title	or Nun of	ount nber res						

Remarks:

Lynne A. Burgess, Attorney-in-06/17/2004

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).

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.	