

VENOSDEL RICHARD DARIN
Form 3
January 19, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â VENOSDEL RICHARD DARIN</p> <p>(Last) (First) (Middle)</p> <p>233 S. PATTERSON AVE</p> <p>(Street)</p> <p>SPRINGFIELD,Â MOÂ 65802</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/19/2018</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>O REILLY AUTOMOTIVE INC [ORLY]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>SVP OF INVENTORY MANAGEMENT</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	---	--	---	--

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)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	255 ⁽¹⁾	D	Â
Common Stock	1,616	I	Indirectly in the Company's 401k plan.

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial
---	---	--	---------------	--------------	----------------------------------

Edgar Filing: VENOSDEL RICHARD DARIN - Form 3

	Date Exercisable	Expiration Date	Derivative Security (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Nonqualified employee stock options (right to buy)	03/01/2014 ⁽²⁾	03/01/2023	Common Stock	178	\$ 102.62	D	Â
Nonqualified employee stock options (right to buy)	03/13/2015 ⁽²⁾	03/13/2024	Common Stock	156	\$ 146.68	D	Â
Nonqualified employee stock options (right to buy)	11/24/2015 ⁽²⁾	11/24/2024	Common Stock	11,531	\$ 180.46	D	Â
Nonqualified employee stock options (right to buy)	03/11/2017 ⁽²⁾	03/11/2026	Common Stock	2,307	\$ 272.21	D	Â
Nonqualified employee stock options (right to buy)	03/10/2018 ⁽²⁾	03/10/2027	Common Stock	2,306	\$ 269.63	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
VENOSDEL RICHARD DARIN 233 S. PATTERSON AVE SPRINGFIELD, MO 65802	Â	Â	Â SVP OF INVENTORY MANAGEMENT	Â

Signatures

/s/ Darin
Venosdel

01/19/2018

**Signature of
Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Total includes 255 shares held under the Company's Employee Stock Purchase Plan.
 - (2) The options vest in four equal annual installments beginning on this date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.