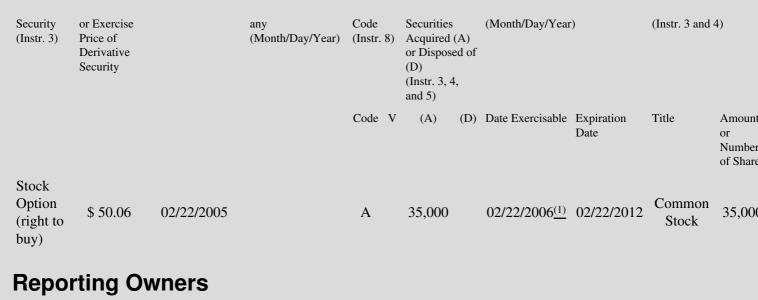
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| GRAY JEFFRE Form 4 | ΥТ | | | | | | | | | |
|--|-----------------------------------|---|---|---|--|---|---|--|---|--|
| February 24, 20 | | | | | | | | | | |
| FORM 4 | 1 UNITED | STATES | SECU | RITIES A | AND EX | CHANGE | E COMMISSIO | NT. | PPROVAL | |
| Charle this ha | | SIAILS | | ashington | | | | Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O 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 Sect | | | | | Estimated burden hou response | urs per | | | | |
| may continue <i>See</i> Instruction 1(b). | | · · | | • | U | ny Act of 1 | | 011 | | |
| (Print or Type Resp | onses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> GRAY JEFFREY T | | 2. Issuer Name and Ticker or Trading Symbol ADVANCE AUTO PARTS INC | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | [AAP] | | | | (Check all applicable) | | | |
| | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| C/O ADVANC INC., 5673 AIF | | | 02/22/2 | 2005 | | | Exe | cutive VP & CF | O | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| ROANOKE, V | A 24012 | | | | | | Form filed by Person | More than One R | eporting | |
| (City) | (State) | (Zip) | Tal | ole I - Non-l | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| | ransaction Date onth/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | . 1 | C 1 1 | C | | | | · • • a | | | |
| Reminder: Report of | on a separate line | o for each cl | ass of sec | urities bene: | Perso inforn requir | ns who re nation con ed to resp lys a curre | or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |
| | Tab | | | | | posed of, or convertible | Beneficially Owner securities) | d | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount o |
|-------------|------------|---------------------|--------------------|-----------|--------------|-------------------------|-----------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |

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| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| GRAY JEFFREY T | | | | | | | |
| C/O ADVANCE AUTO PARTS, INC. | | | Executive | | | | |
| 5673 AIRPORT ROAD | | | VP & CFO | | | | |
| ROANOKE, VA 24012 | | | | | | | |
| 0. | | | | | | | |

Signatures

| /s/ Jeffrey T. Gray | 02/24/2005 | | |
|--|------------|--|--|
| <u>**</u> Signature of Reporting Person | Date | | |

Explanation of Responses:

* 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).

(1) This option becomes exercisable in approximately three equal annual installments beginning February 22, 2006.

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.