## Edgar Filing: Stephan Michael J - Form 4

| Stephan Mi<br>Form 4  | chael J   |  |  |  |  |   |  |  |                          |  |  |  |
|---|---|--|--|--|--|---|--|--|--------------------------|--|--|--|
| September (   | 03, 2010  |  |  |  |  |   |  |  |                          |  |  |  |
| FORM  | Λ4  | ~  | ~~~~   |  |  | ~~~   |  |  | PPROVAL                  |  |  |  |
|   | UNITED  | STATES   |  | RITIES A<br>shington                             |  |   | E COMMISSIO  | N OMB<br>Number:   | 3235-0287                |  |  |  |
| Check t<br>if no lor<br>subject<br>Section<br>Form 4<br>Form 5<br>obligati<br>may cor<br><i>See</i> Inst<br>1(b). | MENT OF<br>rsuant to S<br>(a) of the F<br>30(h) | ection<br>Public U                                   | <b>SECUI</b><br>16(a) of th  | Estimated a burden hou response                  | ours per   |   |  |  |                          |  |  |  |
| (Print or Type  | Responses)                                      |  |  |  |  |   |  |  |                          |  |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Stephan Michael J   |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>AUTONATION, INC. [AN] |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer   |  |  |                          |  |  |  |
| (Last)  | (First) (A                                      | Middle)  | 3. Date of Earliest Transaction  |  |  |   | (Check all applicable)   |  |                          |  |  |  |
| 200 SW 1ST AVE, SUITE 1600  |   |  | (Month/Day/Year)<br>09/01/2010   |  |  | Director 10% Owner<br>X Officer (give title Other (specify<br>below)<br>VP - Corporate Controller |  |  |                          |  |  |  |
| FORT LA   | 33301   | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |   |  |  |                          |  |  |  |
| (City)  | (State)   | (Zip)  | Tak  | de I - Non-l                                     | Dorivativa   | Socurities A  | Acquired, Disposed   | of or Bonoficia  | lly Owned                |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year)         | -  | ed<br>Date, if   | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | 4. Securit<br>nAcquired<br>Disposed<br>(Instr. 3,  | ties<br>(A) or<br>of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect |  |  |  |
| Reminder: Re  | port on a separate line                         | e for each cla                                       | ass of sec   | urities bene                                     | Perso<br>inforr<br>requi   | ons who res<br>nation con<br>red to resp<br>ays a curre   | or indirectly.<br>spond to the colle<br>tained in this form<br>ond unless the fo<br>ntly valid OMB co              | n are not<br>rm  | SEC 1474<br>(9-02)       |  |  |  |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5. Number       | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|---|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onof Derivative | Expiration Date         | Underlying Securities  | Ε |
| Security    | or Exercise |                     | any                | Code       | Securities      | (Month/Day/Year)        | (Instr. 3 and 4)       | S |

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| (Instr. 3)                                       | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. | 8) | Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) |     |                     |                    |                 |  |
|--|------------------------------------|------------|------------------|---------|----|---|-----|---------------------|--------------------|-----------------|--|
|  |                                    |            |                  | Code    | V  | (A)   | (D) | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(right to<br>buy) | \$ 23.21                           | 09/01/2010 |                  | A       |    | 1,682   |     | <u>(1)</u>          | 03/01/2020         | Common<br>Stock | 1,682                                  |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                                 |       |  |  |  |  |  |
|--|---------------|-----------|---------------------------------|-------|--|--|--|--|--|
| r g · · · · · · · · · · · · · · · · · ·  | Director      | 10% Owner | Officer                         | Other |  |  |  |  |  |
| Stephan Michael J<br>200 SW 1ST AVE<br>SUITE 1600<br>FORT LAUDERDALE, FL 33301 |               |           | VP -<br>Corporate<br>Controller |       |  |  |  |  |  |
| Signatures   |               |           |                                 |       |  |  |  |  |  |
| /s/ Jonathan P. Ferrando,<br>Attorney-in-Fact                                  | 09            | 9/03/2010 |                                 |       |  |  |  |  |  |
| **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) The option vests in four equal annual installments beginning on June 1, 2011, subject to continuous employment with the Company.

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.

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