Groves Jeffre Form 5 February 07, 2											
FORM	5				OMB AF	PROVAL					
Check this I	UNIT box if	ED STATE:	OMB Number: Expires:	3235-0362 January 31, 2005							
to Section 1 Form 4 or F 5 obligation may continu <i>See</i> Instruct	Form A	ANNUAL ST	Estimated average burden hours per response 1.0								
See Instruction 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported Form 430(h) of the Investment Company Act of 1940Transactions ReportedReported											
1. Name and Address of Reporting Person <u>*</u> Groves Jeffrey Lynn			2. Issuer Name and Ticker or Trading Symbol O REILLY AUTOMOTIVE INC [ORLY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) 233 S PATTI	(First) ERSON	(Middle)	 Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011 	Director X Officer (give below) VP of Lega		Owner er (specify punsel					
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)							
SPRINGFIE	LD, MOÂ	65802		_X_ Form Filed by C Form Filed by M Person							
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of,	or Beneficial	ly Owned					

(City)	(State)	(Zip) Tabl	le I - Non-Der	ivative Se	curiti	es Acqu	iired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquirec Disposec (Instr. 3, Amount	d (A) c d of (D 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	832 (1)	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1,209 <u>(2)</u>	Ι	Indirectly as trustee for reporting person's parents and in the

in the Company's

401k plan.

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

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. SEC 2270 (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.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr	. 3 and 4)		В
	Security				Acquired						0
	-				(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						-			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
Groves Jeffrey Lynn 233 S PATTERSON SPRINGFIELD, MO 65802	Â	Â	VP of Legal & General Counsel	Â			

Signatures

/s/ Jeffrey Groves <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) Total includes 81 shares held under the Company's Employee Stock Purchase Plan, 339 restricted shares awarded under the Company's Performance Incentive Plan and 412 shares held directly by Mr. Groves.
- (2) Total includes 1,000 shares held as trustee of a trust for the benefit of reporting person's parents and 209 shares held in the Company's 401k Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.