<TABLE> <CAPTION>

<S> FORM 4

[ ] CHECK THIS BOX IF NO LONGER
SUBJECT TO SECTION 16. FORM 4
OR FORM 5 OBLIGATIONS MAY
CONTINUE. SEE INSTRUCTION 1(B).
RESPONSE.....0.5

<C>

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

<C>

OMB APPROVAL
OMB NUMBER 3235-0287
EXPIRES:SEPTEMBER 30, 1998
ESTIMATED AVERAGE BURDEN
HOURS PER

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(f) of the Investment Company Act of 1940

(PRINT OR TYPE RESPON	ISES)										
1. Name and Address of	Reporting	Person* 2	2. Issuer N	Issuer Name AND Ticker or			6. Relationship of Reporting Person(s) to				
Issuer			Trading	Symbol		(Check all applicable)X DirectorX					
Owner											
Other						X Off	icer				
below)						(give title	below)	(specify			
						Chief Execu	tive Officer	c			
Smith, Ollen Bruton			Sonic A	utomotive,	IncSAH 	See (1) and	See (1) and (2) below				
(Last) (First) (Mi	3. IRS Identifi Number o Reportin Person, an entit (Volunta	cation f g if Y	. Statement for Month/Year 10/98								
5401 E. Independence Bl	vd.										
(Street)  Charlotte, NC 28212 (City) (State)	(Zip)	TARLE T	Dat Ori (Mon	ndment, e of ginal th/Year)	Line) _X F	Form filed by	One Reporting ore than One	e Reporting Person			
1.	2.	3.		4.		5. 	6.	7.			
Title of	Trans- action Date (Month/	Trans- action Code (Instr. 8)	or Dis (Instr	ties Acquir posed of (I . 3, 4 and	) 5)	Amount of Securities Beneficially Owned at End of Month	Direct (D) or	Nature of Indirect Beneficial			
Security (Instr. 3)	Day/ Year) 	Code V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	(I) (Instr. 4)	Ownership (Instr. 4)			
Class A Common Stock 10/8/98 P			12,700 A \$14.3701			12,700 D					

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 seporting person, SEE Instruction 4(b)(v)											(Over) SEC 1474 (7-96)				
IN THIS FOR		REQUIRED	RESPOND TO												
TABLE>															
FORM 4 (CON	NTINUED)		TABLE I ACQUIRED, (E.G., PUT SECURITIES	DISPOSE S, CALI		R BENEFIC	CIALLY OWNE								
1. 2. 3. 1. Conversion or Trans-Exercise action		4.		ō.	6.		7.		8.	9.	10.				
		Trans-	Trans- action Code	Number of Derivative Securities Acquired (A) or Disposed of (D)		Date Exer- cisable and Expiration Date (Month/ Day/Year)		Title and Amount of Underlying Securities (Instr. 3 and 4)		Price of Deriv- ative	Number of Derivative Securities Benefi- cially				
Nature of	Price of	Date	(Instr.	(Inst	er. 3,	Date			Amount	Secur-	Owned at	Indirect			
Indirect Derivative Beneficial	Deriv-	(Month/	8)	4 ar	nd 5)	Exer-	Expir-		or Num-	ity	End of	(I)			
Security Swnership	ative	Day/				cis-	ation		ber of	(Instr.	Month	(Instr.			
(Instr. 3) (Instr. 4)	Security	Year)	Code V	(A)	(D)	able	Date	Title	Shares	5)	(Instr. 4)	4)			
							<c></c>	<c></c>	<c></c>	<c></c>	<c></c>				

---Explanation of Responses: \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.
SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

\*\* Signature of Reporting Person
O. Bruton Smith

November 10, 1998

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

If space is insufficient, SEE Instruction 6 for procedure.

. .....

/s/ O. Bruton Smith

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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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</TABLE>

FORM 4 (ATTACHMENT)

REPORTING PERSONS:

ISSUER NAME:
MONTHLY PERIOD:
<TABLE>
<CAPTION>

ALL REPORTING PERSONS:

Name and Address of Reporting Person Issuer Name and Ticker Statement for Month/Year

<S> <C> <C>

</TABLE>