

<TABLE>
<CAPTION>

<S> FORM 4 APPROVAL [] CHECK THIS BOX IF NO LONGER 3235-0287
<C> UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549
<C> OMB OMB NUMBER
SUBJECT TO SECTION 16. FORM 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
EXPIRES: DECEMBER 31, 2001
OR FORM 5 OBLIGATIONS MAY ESTIMATED
AVERAGE BURDEN HOURS PER
CONTINUE. SEE INSTRUCTION 1(B).
RESPONSE.....0.5

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 RESPONSES)

1. Name and Address of Reporting Person(s) to Issuer
_____ 10% Owner
_____ Other
(specify below)

2. Issuer Name AND Ticker or Trading Symbol
Sonic Automotive, Inc. ("SAH")

6. Relationship of Reporting Person (Check all applicable)
 Director
 Officer
(give title below)
President & COO

Smith Bryan Scott

(Last) (First) (Middle)

3. IRS Identification Number of Reporting Person, if an entity (Voluntary)
11/99

4. Statement for Month/Year
11/99

c/o Sonic Automotive, Inc.
5401 East Independence Blvd.

(Street)
Applicable

5. If Amendment, Date of Original (Month/Year)
7. Individual or Joint/Group Filing (Check Line)
 Form filed by One Reporting Person
 Form filed by More than One

Reporting Person
Charlotte NC 28212

(City) (State) (Zip)

TABLE I-- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

7.	1.	2.	3.	4.	5.	6.
Nature of	Trans- action	Trans- action	Securities Acquired (A) or Disposed of (D)	Amount of Securities Beneficially	Owner- ship Form: Direct	
Indirect	Date	Code	(Instr. 3, 4 and 5)	Owned at	(D) or	
Title of Beneficial Security Ownership	(Month/ Day/ Year)	(Instr. 8)	----- Amount (A) or Price (D)	End of Month	Indirect	
(Instr. 3) (Instr. 4)		Code V		(Instr. 3 and 4)	(Instr. 4)	

Class A Common Stock	11-19-99	X	20,000	A	\$12.50	20,000	D
Class A Common Stock	11-19-99	X	1,500	A	\$10.00	1,500	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 reporting person, SEE Instruction 4(b)(v).

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 CONTROL NUMBER (Over) SEC 1474 (3-99)

FORM 4 (CONTINUED) TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

10.	1.	2.	3.	4.	5.	6.	7.	8.	9.
11.									
Ownership							Title and		
Form of							Amount of		
Deriv-							Underlying		Number of
ative							Securities	Price	Derivative
Security:	Conver-		Trans-	Acquired (A)	Date (Month/		(Instr. 3	of	Securities
Direct	sion or	Trans-	action	or Disposed	Day/Year)		and 4)	Deriv-	Benefi-
or	Exercise	action	Code	of (D)	-----		-----	ative	cially
Title of	Nature of		(Instr.	(Instr. 3,	Date		Amount	Secur-	Owned at
Indirect	Price of	Date	8)	4 and 5)	Exer-	Expir-	or Num-	ity	End of
Derivative	Deriv-	(Month/	-----	-----	cis-	ation	ber of	(Instr.	Month
Beneficial	Ownership	Day/			able	Date	Title	Shares	(Instr. 4)
Security	Security	Year)	Code V	(A) (D)					4)
(Instr. 3)	(Instr. 4)								
(Instr. 4)									
<S>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
<C>									<C>
Put Options							Class		
Obligation)							A		
to buy)	\$12.50	11-19-99	X	200	8-5-99	11-20-99	Common	20,000	-0-
							Stock		D
Put Options							Class		
Obligation)							A		
to buy)	\$10.00	11-19-99	X	15	8-5-99	11-20-99	Common	1,500	-0-
							Stock		D
Put Options							Class		
Obligation)							A		
							Common		

to buy) \$10.00 11-20-99 E 85 8-5-99 11-20-99 Stock 8,500 -0- D

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)

/s/ Bryan Scott Smith

12/8/99

** Signature of Reporting Person

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.