

<TABLE>
<CAPTION>

<S> FORM 4 APPROVAL [] CHECK THIS BOX IF NO LONGER 3235-0287 SUBJECT TO SECTION 16. FORM 4 DECEMBER 31, 2001 OR FORM 5 OBLIGATIONS MAY AVERAGE BURDEN 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 OMB NUMBER EXPIRES: ESTIMATED 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 RESPONSES)

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director _____ 10% Owner _____ Other _____ Officer (specify below) (give title below)

Heller H Robert Sonic Automotive, Inc. ("SAH")

(Last) (First) (Middle) 3. IRS Identification Number of Reporting Person, if an entity (Voluntary) 4. Statement for Month/Year

90 Gilmartin Drive 3/00

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

Tiburon CA 94920 Reporting Person TABLE I-- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

Table with 7 columns: 1., 2., 3., 4., 5., 6., 7. and rows for Indirect Title of Beneficial Security Ownership (Instr. 3) (Instr. 4), Transaction Date (Month/Day/Year), Transaction Code (Instr. 8), Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5), Amount (A) or Price (D), End of Month (Instr. 3 and 4), and Owner-ship Form: Direct (D) or Indirect (I) (Instr. 4), Nature.

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/ Robert Heller

** Signature of Reporting Person

4/7/00

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.