

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instructions 1(b).

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: September 30, 1998
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1. Name and Address of Reporting Person

Smith, Bryan Scott

(Last) (First) (Middle)

5401 E. Independence Blvd.

(Street)

Charlotte, NC 28212

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Sonic Automotive, Inc. (SAH)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

12/97

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person to Issuer
(Check all applicable)

___ 10% Owner

X Director

X Officer (give title below)

___ Other (specify below)

President

7. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

___ Form filed by More than One Reporting Person

Direct or Derivative Beneficial Security (Instr. 3) (Instr. 4)	sion or Exercise Price of Indirect Derivative Beneficial Security (Instr. 3) (Instr. 4)	Trans- action Date (Month/Day/Year)	action Code (Instr. 8)	or Disposed of (Instr. 3, 4 and 5)	Day/Year) Date	and 4) Amount or Num- ber of Shares	Deriv- ative Secur- ity (Instr. 5)	Benefi- cially Owned at End of Month (Instr. 4)	(D)	(I)	(4)
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No transactions during this reporting period.

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Explanation of Responses:

/s/ Bryan Scott Smith 1/9/98
 ** Signature of Reporting Person Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.