FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO |)VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name an | d Address o | | 2. Issuer Name and Ticker or Trading Symbol INGRAM MICRO INC [IM] | | | | | | | | | | | | plicable) | | Person(s) to Issuer | | | | | | |
|--|---|--|--|--------|--|----|---|-------|---------------|--|--------|-------------------|---|---|----------------------|------------------------------|---|---|---|---|---|--|--|
| (Last) | 3. Date of Earliest Transaction (Month/Day/Year) 03/19/2008 | | | | | | | | | | | | | Officer (give title below) | | Other (specify below) | | | | | | | |
| 1600 E. ST. ANDREW PLACE | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/04/2008 | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SANTA ANA CA 92705 | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | ?) | | | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | Se | curiti | es Ac | quire | ed, D | Disp | osed o | f, oı | Ben | efici | ally | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secui Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | ode ' | v | Amount | | (A) or (D) | Pric | e | Transa | Reported Transaction(s) Instr. 3 and 4) | | | (iiisti. 4) | | | |
| Class A C | Common S | | | | | | | | | | 8 | | 8,842(1) | | I | By living trust | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr 8) | | | | Expir | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | expiration ate | Title | or Nur of | ount nber ires | | | | | | | | |

Explanation of Responses:

1. This amendment is to report number of shares owned indirectly, which was inadvertently omitted and also omitted from a Form 4 filed 2/3/05.

<u>Lily Yan Arevalo for Dale R.</u>

03/19/2008

<u>Laurance</u>

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** 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 is insufficient, see Instruction 6 for procedure.

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 Number.