

PRECISION AUTO CARE INC
 Form 5
 July 23, 2007

FORM 5

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer
SANDERS JOHN			PRECISION AUTO CARE INC [PACI]	(Check all applicable)
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner
			06/30/2007	<input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting
				(check applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
(City)	(State)	(Zip)		Amount	(A) or (D)	Price			
Common Stock ⁽¹⁾	10/03/2006	Â	P	1,300	A	\$ 0.48	59,500 ⁽⁵⁾	D	Â
Common Stock ⁽²⁾	10/04/2006	Â	P	4,000	A	\$ 0.5	63,500	I	Purchased in the name of Carole E. Sanders (spouse)
Common Stock ⁽³⁾	10/06/2006	Â	P	5,000	A	\$ 0.5	68,500	D	Â

Common Stock <u>(4)</u>	10/06/2006	Â	P	2,500	A	\$ 0.51	71,000	I	Purchased in the name of Carole E. Sanders, Spouse
Common Stock <u>(6)</u>	10/11/2006	Â	P	2,500	A	\$ 0.51	73,500	I	Purchased shares in name of Carole E. Sanders, spouse
Common Stock <u>(7)</u>	10/12/2006	Â	P	1,250	A	\$ 0.48	74,750	D	Â

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

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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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E F (I
					(A) (D)	Date Exercisable Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SANDERS JOHN	Â X	Â	Â	Â
Â				

Signatures

Frederick F. Simmons, Power of Attorney for John Sanders

07/23/2007

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

- (1) Shares were purchased in the John Sanders Profit Sharing Plan
- (2) Shares purchased in the name of Carole E. Sanders (spouse)
- (3) Purchased in the John Sanders Profit Sharing Plan
- (4) Shares purchased in the name of Carole E. Sanders (spouse)
- (5) Amount of Securities owned at 6/30/2006 were 58,200
- (6) Shares purchased in the name of Carole E. Sanders, Spouse
- (7) Purchased in the John D. Sanders Profit Sharing Plan

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.