FORM	4
Check this box i	f no

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

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

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SEC 1474 (9-02)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Fint of Type Responses)											
1. Name and Address of Reporting P EDMONDSON DAVID J		2. Issuer Name and ADVANCED MI		-		[AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) ADVANCED MICRO DEVIO AMD PLACE	CES, INC.	ONE	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2005							er (specify below	w)
(Street) SUNNYVALE, CA 94088-3453			. If Amendment, Da	te Original F	Filed(N	Month/Day/Y	'ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security	2	2. Transaction	2A. Deemed	3. Transacti	ion	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)	Γ	Date	Execution Date, if	Code		(A) or Di	isposed of	f (D)	Owned Following Reported	Ownership	of Indirect
	(1	Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial
			(Month/Day/Year)					(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)
							(A) or			(I)	
				Code	V	Amount	(D)	Price		(Instr. 4)	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of				4.									9. Number of		11. Nature
	Conversion		Execution Date, if		ion	of		Expiration Date		of Underlying				Ownership	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivative		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquir					Owned	Security:	(Instr. 4)		
	Security					(A) or							Following	Direct (D)	
						Dispos	ed						Reported	or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr. 3	3, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount	1			
									Expiration		or				
								Date Exercisable	Date	Title	Number				
									Date		of				
				Code	v	(A)	(D)				Shares				
Stock										C					
Option	\$ 27.9	12/15/2005		Α		6,250		04/30/2008(1)	12/15/2015	Common	6,250	\$ 0	6,250	D	
Award						.,		01/2000		Stock	.,		.,		

# **Reporting Owners**

Demosting Operation Names ( Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
EDMONDSON DAVID J ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453	Х							

### Signatures

David J. Edmondson
**Signature of Reporting Person

12/16/2005 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) Grant of option to buy 6,250 shares to vest as follows: 33 1/3% on 04/30/2006 then remaining shares vest monthly through 04/30/2008.

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.