

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | 0.5 | | | | | | |

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

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

| (Print or Type Responses) | | | | | | | | | | | |
|--|--|--|-------------|---|----------|------------|--|---|---|------------|--|
| 1. Name and Address of Reporting Person ** WOLIN HARRY A | | 2. Issuer Name and ADVANCED MI | | _ | - | [AMD] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| ADVANCED MICRO DEVICES, INC. PLACE | ONTEANO | . Date of Earliest Tra 2/08/2015 | nsaction (M | onth/ | Day/Year |) | X_ Officer (give title below) Other (specify below) SVP & GC | | | | |
| (Street) SUNNYVALE, CA 94088-3453 | 4. | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 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 Acqu | | | | | | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code | V | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock | 12/08/2015 | | M | | 99,900 | A | \$ 2.21 | 513,289 | D | | |
| Common Stock | 12/08/2015 | | F | | 94,433 | D | \$ 2.39 | 418,856 | D | | |

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 (e.g., puts, calls, warrants, options, convertible securities)

| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | Execution Date, if | Code | tion | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | e | Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | | |
|--------------------------|------------|--------------------------|--------------------|------|------|---|--------|---------------------|--|-----------------|--------------------------------------|--|--|------------|--|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | | | | |
| Stock Option Grant | \$ 2.21 | 12/08/2015 | | М | | | 99,900 | 12/15/2010 | 12/15/2015 | Common Stock | 99,900.00 | \$ 0 | 0 | D | | |

Reporting Owners

| Donation Common Name / Addison | Relationships | | | | | | | | |
|--|---------------|-----------|----------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| WOLIN HARRY A ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453 | | | SVP & GC | | | | | | |

Signatures

| Harry Wolin | 12/09/2015 |
|---------------------------------|------------|
| **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).

| Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. | |
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| 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. | |
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