## FORM 4

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

Time of Type Responses)												
1. Name and Address of Re SMITH DARLA M	2. Issuer Name and ADVANCED MI			-	AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
ONE AMD PLACE	(First)		3. Date of Earliest Transaction (Month/Day/Year) 08/22/2017						Officer (give title below)X_ Other (specify below)  Chief Accounting Officer			
SUNNYVALE, CA 94	(Street) 4085	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 - No	on-De	erivative S	ecuritie	s Acqu	ired, Disposed of, or Beneficially Own	ıed		
1. Title of Security (Instr. 3)	Date (Month/Day/Year) Exect		Execution Date, if Code		4. Securit (A) or Dis (Instr. 3, 4	sposed c	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D)	Beneficial Ownership		
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		08/22/2017		M		9,823 (1)	A	\$ 3.9	36,585	D		
Common Stock		08/22/2017		M		5,886 (1)	A	\$ 4.08	42,471	D		
Common Stock		08/22/2017		M		4,690 (1)	A	\$ 1.84	47,161	D		
Common Stock		08/22/2017		S		22,175	D	\$	24,986	D		

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)

I	Security Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion	of Deri Seco Acq (A) Disp of (I	ivative urities uired or bosed D) tr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		, ,		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
					Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
	Stock Option	\$ 3.90	08/22/2017		М			9,823	<u>(3)</u>	06/17/2020	Common Stock	9,823.00	\$ 0	0	D	
	Stock Option	\$ 4.08	08/22/2017		M			5,886	<u>(4)</u>	08/12/2021	Common Stock	5,886.00	\$ 0	4,650	D	
	Stock Option	\$ 1.84	08/22/2017		М			4,690	(5)	08/15/2022	Common Stock	4,690.00	\$ 0	18,758	D	

# **Reporting Owners**

D. C. O. N. (All	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
SMITH DARLA M ONE AMD PLACE SUNNYVALE, CA 94085				Chief Accounting Officer				

### **Signatures**

/s/ Darla M. Smith	08/24/2017
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) The stock option exercises reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 28, 2016.
- (2) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 28, 2016.
- (3) The options vested 33 1/3% on June 17, 2014 and then 8 1/3% per quarter over the next eight following quarters.
- (4) The options vested 33 1/3% on August 9, 2015 and then 8 1/3% per quarter over the next eight following quarters.
- (5) This option vested 33 1/3% on August 15, 2016 and vests 8 1/3% per quarter over the next eight following quarters.

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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