FORM 4	
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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).

### 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

Instruction 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 <u>*</u> RUIZ HECTOR		2. Issuer Name and ADVANCED MI				AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
ADVANCED MICRO DEVICES, IN PLACE	C ONTE AND	3. Date of Earliest Transaction (Month/Day/Year)									
(Street) SUNNYVALE, CA 94088-3453	4	4. If Amendment, Dat	e Original Fi	led(M	onth/Day/Ye	ar)	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. Transaction	2A. Deemed	3. Transacti	5. Amount of Securities Beneficially	6.	7. Nature					
(Instr. 3)	Date	Execution Date, if		•			Owned Following Reported	Ownership	of Indirect		
	(Month/Day/Year	any	(Instr. 8)	(Instr. 8) (Instr. 3, 4 and 5) Transaction(s)			d 5) Transaction(s) Form:				
		(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, D	isposed of, or Beneficially Owned
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	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	of	6. Date Exercisable and		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative		Expiration Date		Underlying Securities		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code				(Month/Day/Year)		(Instr. 3 and 4)		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Acquired (A)				(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					or Dispose	posed of						Owned	Security:	(Instr. 4)
	Security					(D)							Following	Direct (D)	
						(Instr. 3, 4,						Reported	or Indirect		
						and 5)							Transaction(s)	< / s	
											Amount		(Instr. 4)	(Instr. 4)	
								Date Exercisable	Expiration	Title	or				
								Date Exercisable	Date	The	Number				
				Code	V	(A)	(D)				of Shares				
Employee										~					
Stock	\$ 14.64	02/02/2004		А		125,000		05/01/2006(1)	02/02/2014	Common Stock	125 000	\$ 0	125,000	D	
Option	+					,		05/01/2000		Stock	,000	÷v	,		
· r · · ·															

## **Reporting Owners**

Demosting Operation Name ( Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
RUIZ HECTOR ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453	Х		President and CEO					

# Signatures

Hector Ruiz 02/04/2004 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) Grant of option to buy 125,000 shares of common stock to vest as follows: 33 1/3% on 5/1/04 then monthly through 5/1/06.

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.