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

^{hay} 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 Response	s)												
1. Name and Address o RUIZ HECTOR	f Reporting Person [*]		2. Issuer Name and DVANCED MI				AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner					
ADVANCED MIC PLACE	(First) RO DEVICES, INC.,	ONTEAND	Date of Earliest Tra 2/03/2005	nsaction (Mo	onth/I	Day/Year)		_X_Officer (give title below)Other (specify below) Chairman, CEO & Pres.					
SUNNYVALE, CA	(Street) A 94088-3453	4.	If Amendment, Dat	e Original Fi	led(M	onth/Day/Yea	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. Transactio	on	4. Securi	ties Acqui	5. Amount of Securities Beneficially	6.	7. Nature			
(Instr. 3)		Date	Execution Date, if		•			Owned Following Reported	Ownership	of Indirect			
		(Month/Day/Year)							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, 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 Exercisab	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		Securities		(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	d of						Owned	Security:	(Instr. 4)
	Security					(D)							Following	Direct (D)	
						(Instr. 3, 4,	,						1	or Indirect	
						and 5)							Transaction(s)	< <i>i</i>	
											Amount		(Instr. 4)	(Instr. 4)	
								Date Exercisable	Expiration	Title	or				
								Date Exercisable	Date	The	Number				
				Code	V	(A)	(D)				of Shares				
Employee										a					
Stock	\$ 16.66	02/03/2005		Α		125,000		04/30/2007(1)	02/03/2012	Common Stock	125.000	\$ 0	125,000	D	
Option	+							04/30/2007		Stock	,	÷ •	,	_	
1															

Reporting Owners

Demonstration Operation Names (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		Chairman, CEO & Pres.					

Signatures

Hector Ruiz 02/04/2005 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) Option to buy 125,000 shares to vest as follows: 33 1/3% on 4/30/2005 then remaining shares vest monthly through 4/30/2007.

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.