FORM 4	
Check this box if 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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### 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 of Type Response	-5)											
1. Name and Address of RUIZ HECTOR	2. Issuer Name and ADVANCED MI			0 2	[AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
ADVANCED MIC AMD PLACE	<sup>(First)</sup> CRO DEVICES, INC	7 ONE	3. Date of Earliest Tr 02/15/2008	ansaction (N	/Ionth	/Day/Yea	r)	X_Officer (give title below) Other (specify below) Chairman and CEO				
SUNNYVALE, CA	2	4. If Amendment, Da	te Original I	Filed(	Month/Day/*	r'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. Transaction	2A. Deemed	3. Transacti	ion	4. Securi	ties Acqu	iired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		<u>^</u>			Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	ny (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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Dat		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of Derivative Expiration		Expiration E	Date of Underly		ıg	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities (Month/I		(Month/Day	y/Year) Securities		Securities Secu		Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	•		(Instr. 3 and 4) (Instr. 5)		Beneficially	Derivative	Ownership			
	Derivative					(A) or				Owned	2	(Instr. 4)			
	Security					Disposed of					0	Direct (D)			
						(D)						or Indirect			
						(Instr. 3, 4,					Transaction(s)				
					-	and 5)					(Instr. 4)	(Instr. 4)			
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
Employee										0					
Stock	\$ 6.45	02/15/2008		А		62,500		(1)	02/15/2015	Common Stock	62.500	\$ 0	62,500	D	
Option						,				Stock	,	÷ •	,		

# **Reporting Owners**

Barrandina Oran an Nama (Addaran	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 and CEO					

## Signatures

Faina medzonsky By Power of Attorney02/20/2008

\*\*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) This option vests 33 1/3% on 5/15/2008 then 8.33% quarterly for the next two years.

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.