FORM	4
Check this box i	fno

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 or Type Responses)										
1. Name and Address of Reporting Person <u>*</u> RUIZ HECTOR	2. Issuer Name and ADVANCED M					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last) (First) ADVANCED MICRO DEVICES, IN AMD PLACE	3. Date of Earliest Tr 02/22/2009	ansaction (N	Month	n/Day/Yea	r)					
(Street) SUNNYVALE, CA 94088-3453	4. If Amendment, Da	te 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 - N	lon-D	erivative	Securit	ies Acq	uired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	f Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	(Instr. 4)
Common Stock	02/22/2009		М		1,250	А	\$0	516,782	I	Held indirectly through a family trust for which Dr. Ruiz is a trustee.
Common Stock	02/22/2009		F		330	D	\$ 2.03	516,452	I	Held indirectly through a family trust for which Dr. Ruiz is a trustee.

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)

	(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transac	ansaction of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Deri	ivative	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
Î.	Derivative			· ·		Acquired				, í		. ,	Owned	Security:	(Instr. 4)
	Security					(A)	A) or					Following	Direct (D)		
						Disposed							0	or Indirect	
						of (I	D)						Transaction(s)	(I)	
						(Ins	tr. 3, 4,						(Instr. 4)	(Instr. 4)	
						and							, ,	· /	
									1		Amount				
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date	The					
				C 1	<b>x</b> 7	(1)					of				
				Code	V	(A)	(D)				Shares				
Restricted										G					
Stock	\$ 0	02/22/2009		М			1.250	02/22/2009	05/04/2013	Common	1,250	\$ 0	6,250	D	
Units	÷ 0			- / -			-,0 0			Stock	-,00	÷Ŭ	0,200		
Onto															

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
RUIZ HECTOR ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453	х		Exec Chair & Chair of the BOD					

## Signatures

Faina Medzonsky By Power of Attorney

\*\*Signature of Reporting Person

02/24/2009 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.

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.