FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed By Romeo & Dye's Instant Form 4 Filer www.section16.net

1. Name and Address of Reporting Person*				suer	Name and Ticker or Ti	rading	g Syn	nbol	6. Relationship of Reporting Person(s)				
		Adva	anc	ed Micro Devices, Inc.	. "AM	ID"		to Issuer (Check all applicable)					
Rivet Robert J.								_ Director10% Owner					
(Last) (	(First) (1	3. I.F	3. I.R.S. Identification Number				ement for	X Officer (give title below) Other (specify below)					
		of Re	of Reporting Person,				'Day/Year						
Advanced Micro D	evices, Inc	if an	if an entity (voluntary)				)2	Senior Vice President, Chief Financial Officer					
One AMD Place													
	(Street)						nendment,	7. Individual or Joint/Group Filing (Check Applicable Line)					
							f Original	X Form filed by One Reporting Person					
Sunnyvale, CA 940	88-3453						/Day/Year)	Form filed by More than One Reporting Person					
(City)	(State)			Table I — No	on-De	rivat	ive Securitie	s Acquired, Disposed of, or Beneficially Owned					
1. Title of Security 2	2. Trans-	3. Trans-	rans- 4. Securities Acquired (A) or Disposed of (D)					5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3) a	action	Execution	action Co	ode	(Instr. 3, 4 & 5)	& 5)			Securities	ship Form:	Beneficial Ownership		
	Date		(Instr. 8)	str. 8)					Beneficially	Direct (D)	(Instr. 4)		
	Month/ Day/	if any	Code	V	Amount	(A)	)	Price	Owned Follow-	or Indirect (I)			
	Year)	(Month/Day/ Year)				or			ing Reported Transactions(s)	(Instr. 4)			
		(ical)				(D)			(Instr. 3 & 4)				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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

## FORM 4 (continued)Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br/>(e.g., puts, calls, warrants, options, convertible securities)

			· ·	8 / 1			· •				·			
1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number of		6. Date Exercisable		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature of
Derivative	sion or	action	Deemed	Trans-	Derivative		and Expiration		of Underlying		Derivative	Derivative	Owner-	Indirect
Security	Exercise	Date	Execution	action	Securities		Date		Securities		Security	Securities	ship	Beneficial
	Price of		Date,	Code	Acquired (A) or		(Month/Day/		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative		if any		Disposed of (D)		Year)		í í		È É	Owned	of Deriv-	(Instr. 4)
ľ í	Security	Day/ Year)	(Month/	(Instr.								Following	ative	Î Î
		( all )	Day/ Year)	8)	(Instr. 3, 4 & 5)							Reported	Security:	
			1000)		× /	, (=)				L.		Transaction(s)	Direct	
				Code	(A)	(D)		Expira-	Title	Amount		(Instr. 4)	(D)	
							cisable	tion		or		ř í	or	
								Date		Number			Indirect	
										of			(I)	
										Shares			(Instr. 4)	
Employee	\$5.92	10/24/02		A	50,000		04/25/05(1)	10/24/12	Common	50,000		50,000	D	i i
Stock									Stock			Í		
Option														

Explanation of Responses:

(1) Grant of option to buy 50,000 shares to vest as follows: 33 1/3% on 4/25/03 then monthly through 4/25/05.

## By: /s/ **<u>Robert J. Rivet</u>**

<u>10/25/02</u> Date

\*\*Signature of Reporting Person

\*\*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.

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 Number.