FORM /

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 Estimated average burden hours per response... 0.5

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 Response	s)											
1. Name and Address o WOLIN HARRY A	2. Issuer Name and ADVANCED M			e .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
ADVANCED MIC AMD PLACE	NC ONE	3. Date of Earliest Tr 02/15/2011	ransaction (N	Montl	n/Day/Yea	r)	X_Officer (give title below) Other (specify below) SVP, GC & Secretary					
SUNNYVALE, CA		4. If Amendment, Da	ate 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security		2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(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 SEC 1474 (9-02) 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

	(<i>e.g.</i> , puts, calls, 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	Transact	ion	of Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Acquired					(Instr. 3 and 4)		Beneficially	Derivative	Ownership
	Derivative					(A) or						Security:	(Instr. 4)		
	Security					Disposed of					0	Direct (D)			
						(D)						*	or Indirect		
						(Instr. 3, 4,							Transaction(s)	< / s	
						and 5)							(Instr. 4)	(Instr. 4)	
											Amount				
								Date	Expiration		or				
								Exercisable	*		Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
Stock										0					
Option	\$ 8.6	02/15/2011		Α		46,875		(1)	02/15/2018	Common	46.875	\$ 0	46,875	D	
Grant						.,.,.		_		Stock	.,		.,		

Reporting Owners

Demosting Oppose Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
WOLIN HARRY A ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453			SVP, GC & Secretary					

Signatures

Harry Wolin 02/17/2011 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 5/15/2011 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.