FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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).

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 * Bergman Rick | | | | 2. Issuer Name and Ticker or Trading Symbol ADVANCED MICRO DEVICES INC [AMD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tofficer (give title below) SR VP & GM GPG SR VP & GM GPG | | | | |
|--|--------|--|--|--|--------------------------------------|--|------------------------------|---|-------|-------------------------------------|-----------------|------------|--|--|--|--|------------|
| ADVANCED MICRO DEVICES, INC., ONE AMD PLACE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2009 | | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date 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 | | | | |
| SUNNYVALE, CA 94088-3453 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, 1 | | | | | | | | | | d of, or Ben | eficially Own | ed | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | on 4 | 4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5) | | quired 5. Amount of (D) Owned Follo | | | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | С | ode | V A | mount | (A) or (D) | Price | | | | (I) (Instr. 4) | () |
| Common Stock 05/09/2009 | | | 05/09/2009 | M 800 A \$0 22,346 | | | | | D | | | | | | | | |
| Common Stock 05/09/2009 | | | 05/09/2009 | | | | | F | 2 | 89 | D | \$ 3.93 | 22,057 | | | D | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Y | | | Table II 3A. Deemed Execution Date, if any (Month/Day/Year) | (e.g., puts, cal 4. 5 f Transaction N Code 0 (Instr. 8) E S A (A (Instr. 8) C (Ins | | 5. Numb of Deriv Secur Acqui (A) or Dispo of (D) (Instr. | per ative ities ired resed) | Acquired, Dispose onts, options, conv 6. Date Exercisal Expiration Date (Month/Day/Year | | onverti isable a te | able and accern | | owned and Amount erlying ies and 4) | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial |
| | | | | Code | v | (A) | , | Date Exercis | sable | Expira Date | ation | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | \$ 0 | 05/09/2009 | | М | | | . , | 05/09 | /2009 | 11/1: | 5/2013 | Comm | non 800 | \$ 0 | 4,800 | D | |
| Report | ing Ov | vners | | I | Relati | ionshir | os | | | | | | | | | | |

SUNNYVALE, CA 94088-3453

Signatures

ONE AMD PLACE

Bergman Rick

| Faina Medzonsky By Power of Attorney | 05/12/2009 | | |
|--------------------------------------|------------|--|--|
| Signature of Reporting Person | Date | | |

Director

10% Owner Officer

Other

SR VP & GM GPG

Explanation of Responses:

ADVANCED MICRO DEVICES, INC.

- * 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.