

(Print or Type Responses)

Papermaster Mark D

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
hours per response	. 0.5					

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

1. Name and Address of Reporting Person \*

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading Symbol ADVANCED MICRO DEVICES INC [AMD]

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

ADVANCED MICRO DEVICES, INC., ONE AMD PLACE			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2012								X_ Officer (gi		other inief Technology	er (specify below Officer	")	
(Street)				4. If A	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												Tom mee by more than one reporting reason				
(Cir	ty)	(State)	(Zip)				Tabl	e I - Non-Do	erivative S	Securit	ties Acquire	ed, Dispose	d of, or Ben	eficially Owne	d	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Execution Date, if Co			\ / I		sposed	of (D) Owned Follow		)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							Со	ode V	Amount	(A) or (D)	r Price				or Indirect (I) (Instr. 4)	Instr. 4)
Reminder:	Report on a s	separate line for each	class of securities b	eneficia	ally c	wned direc	etly or	r indirectly								
			Table					in this	form are ently val	e not r id OM or Ben	required to B control	respond number.		tion containe e form display		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	sion Date (Month/Day/Year) E au (I	,	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisab Expiration Date (Month/Day/Year		eisable and 7. Title ate of Unde		ŭ	Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A)	(D)	Date Exercisable	Expirati Date	ion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option Grant	\$ 5.87	06/15/2012		A		214,452	2	(1)	06/15/	2019	Common Stock	214,452	\$ 0	214,452	D	

<u>(3)</u>

<u>(4)</u>

06/15/2019

06/15/2019

83,679

167,358

Common

Stock

Common

Stock

83,679

167,358

\$0

\$0

83,679

167,358

D

D

## **Reporting Owners**

<u>(2)</u>

<u>(2)</u>

06/15/2012

06/15/2012

Departing Owner Name / Adduces	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Papermaster Mark D ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453			SVP & Chief Technology Officer				

A

A

## **Signatures**

RSU

RSU

Award

Award

Mark D. Papermaster	06/19/2012				
**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 the first anniversary of the grant date then vests 8.33% per quarter over the next eight following quarters.
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock.
- (3) This award vests 1/3 on each of August 9, 2013, August 9, 2014 and August 9, 2015.
- This award vests in three equal annual installments commencing on the first annversary of the grant date if (i) the weighted average closing price of the Company's common stock over any 30-
- (4) day period during the three-year vesting period is equal to or greater than \$10.00 per share and (ii) Mr. Papermaster continues his employment with the Company through the applicable vesting date

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.