FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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 Ty	pe Responses	9)													
1. Name and Address of Reporting Person * SMITH DARLA M			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 10% Owner						
	(Last) (First) (Middle) ONE AMD PLACE			3. Date of Earliest Transaction (Month/Day/Year) 06/02/2016						Officer (give title below) X Other (specify below) Chief Accounting Officer					
(Street) SUNNYVALE, CA 94088			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						
(City		(State)	(Zip)	Table I -			Non-Derivative Securities Acqu				uired, Disposed of, or Beneficially Owned				
(Instr. 3) Date			any	xecution Date, if		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Benefici	ant of Securities ially Owned Following d Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amount	(A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 06/0		06/02/2016			S		10,338	D	\$ 4.23	5,608			D		
	Report on a s	separate line for	each class of secur	ities beneficial	lly ow	ned direct	Perso	ons who					formation		1474 (9-02)
	Report on a s	separate line for		ties beneficial			Perso conta the fo	ons who ained in orm disp	this fo plays a	rm are curre	not req	uired to re d OMB cor	formation spond unles ttrol number.	s	1474 (9-02)
Reminder:			Table II -	Derivative S	Securit	ties Acqui	Perso conta the fo red, Di options	ons who ained in orm disp isposed o , convert	this fo plays a of, or Be tible sec	rm are curre neficia	not req ntly valid	uired to red OMB cor	spond unles itrol number.	s	
Reminder:	2.	3. Transaction Date (Month/Day/Y	Table II - 3A. Deemed Execution Date	Derivative S (e.g., puts, ca 4. Transaci Code	Securitalls, we state the state of the state	ties Acquivarrants, o	Persoconta the formation of the following th	ons who ained in orm disp	this foolays a of, or Be tible sec table Date	rm are curre neficia urities 7. Tit Amo Unde Secur	e not req ntly valid lly Owne) lle and unt of orlying	uired to red OMB cor	spond unles atrol number.	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

Donouting Owner Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
SMITH DARLA M ONE AMD PLACE SUNNYVALE, CA 94088				Chief Accounting Officer			

Signatures

/s/ Darla M. Smith	06/02/2016
**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).

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.