| F | = 0 | R | Μ | 4 | |
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| lo | nger subject to |
| Se | ection 16. Form 4 or |
| Fo | orm 5 obligations may |
| cc | ontinue. See |
| In | struction 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 Responses) | | | | | | | | | | |
|---|---|--|---------|-------------|---------------|---|--|----------------------------------|-------------------------|--|
| 1. Name and Address of Reporting Person - CLAFLIN BRUCE L | 2. Issuer Name and ADVANCED M | | | | [AMD] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) ADVANCED MICRO DEVICES, INC., ONE AMD PLACE | 3. Date of Earliest T 10/31/2006 | ransaction (N | /Ionth | /Day/Year | .) | | her (specify belo | w) | | |
| ^(Street) SUNNYVALE, CA 94088-3453 | 4. If Amendment, D | ate Original I | Filed(1 | Month/Day/Y | /ear) | 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. Transactio | | 3. Transact | ion | | ties Acqu | | 5. Amount of Securities Beneficially | 6. | 7. Nature | |
| (Instr. 3) Date (Month/Day/ | Execution Date, if any (Month/Day/Year) | (Instr. 8) | | · · · | · / / | | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |
| | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (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) | | | | | | | | | | | | | | |
|--------------------------|---|--------------------------|---|------|-----------|--|------------------|--|--------------------|--|--|--------------------------------------|--|--|------------|
| | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion) | 5. Num of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | ive ies ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option Award | \$ 21.27 | 10/31/2006 | | А | | 6,250 | | 05/05/2009(1) | 10/31/2016 | Common Stock | 6,250 | \$ 0 | 6,250 | D | |

Reporting Owners

| Departing Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| CLAFLIN BRUCE L ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453 | Х | | | | | | |

Signatures

Bruce Claflin

10/31/2006 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) Grant of option to buy 6,250 shares to vest as follows: 33 1/3% on 5/05/2007 then remaining shares vest monthly through 5/05/2009.

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.