FORM 4	
Check this box if no	,

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

(Drint or Type Deen

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

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

### 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

(rinit of Type Responses)												
1. Name and Address of Reporting Person <sup>*</sup> MCCOY THOMAS M		2. Issuer Name and ADVANCED MI				[AMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle ADVANCED MICRO DEVICES, INC., ONI AMD PLACE	ŕ	. Date of Earliest Tr 1/15/2007	ansaction (M	/lonth	/Day/Yea	r)	XOfficer (give title below) Other (specify below)   EVP, Chief Admin Officer					
(Street) SUNNYVALE, CA 94088-3453	4	. If Amendment, Da	te Original I	Filed	Month/Day/Y	r'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. Transa	action	2A. Deemed 3. Transaction 4. Securities Acquired						5. Amount of Securities Beneficially	6.	7. Nature		
(Instr. 3) Date		Execution Date, if	Code		·			Owned Following Reported	Ownership	of Indirect		
(Month/Day/Yea		r) any (Instr. 8)			(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial		
		(Month/Day/Year)	onth/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.

SEC 1474 (9-02) Persons who respond to the collection of information contained 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 ماله

	( <i>e.g.</i> , puts, cans, warrants, options, convertible securities)														
1. Title of	2.		3A. Deemed	4. 5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of		11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transac	Transaction Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securitie	s	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	(Instr. 8) Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				or Disposed				Owned	Security:	(Instr. 4)				
	Security					of (D)							Following	Direct (D)	
						(Instr. 3,	4,						Reported	or Indirect	
						and 5)							Transaction(s)	(I)	
								1			Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or Number				
								Exercisable	Date						
				<b>C</b> 1	v						of				
				Code	v	(A)	(D)				Shares				
Employee										C					
Stock	\$ 12.7	11/15/2007		А		15.000		<u>(1)</u>	11/15/2014	Common	15,000	\$ 0	15,000	D	
Option						,000				Stock	,000	÷ů	,000		
option															

## **Reporting Owners**

	Departing Owner Name / Address	Relationships							
	Reporting Owner Name / Address	Director 10% Owner		Officer	Other				
	MCCOY THOMAS M ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453			EVP, Chief Admin Officer					

## **Signatures**

P. Katy Wells By Power of Attorney

11/16/2007

\*\*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 5/15/2008 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.