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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).

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#### 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

(Thit of Type Respons	(05)											
1. Name and Address of Reporting Person – MCCOY THOMAS M			2. Issuer Name <b>and</b> ADVANCED M			<b>e</b> ,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
ADVANCED MI AMD PLACE	<sup>(First)</sup> CRO DEVICES, IN	IC ONE	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2010									
SUNNYVALE, C		4. If Amendment, Da	ate 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 Acquired, Disposed of, or Beneficially Owned									
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)			Execution Date, if			· / · · /			0 1	Ownership		
		(Month/Day/Year)	-	· /		· · · ·			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)		-				(Instr. 3 and 4)		Ownership	
										or Indirect	(Instr. 4)	
				<b>a</b> 1			(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.

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

				(e.g., j	outs,	calls, wa	rran	ts, options, c	onvertible secu	urities)					
1. Title of		3. Transaction	3A. Deemed	4.		5. Number of 6.							9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	Derivativ	/e	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	)	Acquired	1 (A)			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or Dispos	sed						Owned	Security:	(Instr. 4)
	Security					of (D)							Following	Direct (D)	
						(Instr. 3,	4,						Reported	or Indirect	
						and 5)							Transaction(s)	(I)	
											Amount		(Instr. 4)	(Instr. 4)	
											or				
									Expiration		Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
Stock															
	\$ 7.87	02/15/2010				37,500		(1)	02/15/2017	Common Stock	27 500	\$ 0	37,500	D	
Option	\$ 7.87	02/15/2010		А		37,300		<u>,</u> Ξ).	02/13/2017	Stock	37,300	\$U	57,500	D	
Grant															

# **Reporting Owners**

Demosting Opport 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, Legal, Corp & Pub Affairs						

### **Signatures**

Thomas M. McCoy

02/17/2010 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 5/15/2010 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.