

(Print or Type Responses)

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

OMB APPROVAL

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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

| 1. Name and Address of Reporting Person *- SILVERMAN LEONARD | | | | | 2. Issuer Name and Ticker or Trading Symbol ADVANCED MICRO DEVICES INC [AMD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|------------------------|--|--------------------------------|--|-------------------------------|-------|--|--------------------------|------------------------|---------------------------|--|--|----------------|---|--|--|---|
| ADVANCED MICRO DEVICES, INC., ONE AMD PLACE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2004 | | | | | | | | | | re title below) | | er (specify below | w) |
| (Street) SUNNYVALE, CA 94088-3453 | | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Cheek Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person | | | | | | |
| (Cit | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | es Acqui | uired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Yea | Exe ar) any | | med on Date, i Day/Year | if C | Transactio ode nstr. 8) | (1 | , | osed o | f (D) | | ollow on(s) | Securities Boing Reporte | 2 | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: | Report on a | separate line for each | n class of securities b | II - Dei | rivati | ive Secu | ritie | Pe in | erson this t curre | form are ntly valid | not re I OMB r Bene | equired 3 contro | to respo | ond (| | tion containe form displa | | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | | 4. Transaction Code (Instr. 8) | | 5. Number | | r 6. Date Exerc Expiration D (Month/Day/ | | eisable and ate | | 7. Title of Unde Securiti | derlying ties 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form of Derivative Security: Direct (D) or Indirect | |
| | | | | Code | V | (A) | (D) | Date Exer | cisabl | e Expirati Date | ion | Title | or | nber | | | | |
| Stock Option Award | \$ 14.22 | 04/30/2004 | | A | | 6,250 | | 04/30/20 | 007.(1 | 04/30/ | 2014 | Comn | . 16 | 250 | \$ 0 | 6,250 | D | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

| Denouting Owner Name / Adduces | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| SILVERMAN LEONARD ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453 | X | | | | | | | |

Signatures

| Leonard Silverman | 04/30/2004 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

Explanation of Responses:

- \star 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: 2,083 shares on 4/30/2005 then remaining shares vest monthly through 4/30/2007.

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.