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

| | | Rela | ationsl | ips | | | | | | | | | | | |
|--|---|-------|--|---|---|---|--|---|--|---|--|---|---|--|--|
| | | | | | | | | | | | | | | | |
| | M | | | 219 | 11/22/ | 2008 | 05/04 | 4/2013 | Comm Stocl | | \$ 0 | 1,313 | D | | |
| | Code | e V | (A) | (D) | Date Exercise | able | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| | 4. 5. Number of | | ber vative rities prosed or osed or os, 3, | (Month/Day/Yea ative tities ired sed) 3, | | | , | | rlying es | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | I - Deriv | ative | Secur | ities A | in a Acquired | ersons this f curre | orm and the second of the seco | re not r llid OMI , or Ben | equired B contro | to respond I number. | | tion contain e form displa | | 1474 (9-02) | |
| 08 | | | | | F | 5 | 7 | D | \$ 1.82 | 61,924 | | | D | | |
| 08 | | | | + | Code M | | mount | (A) 61 (D) | Price | 61,981 | | | (I) (Instr. 4) D | | |
| tion 1y/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod (Ins | | | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | | wing Report s) | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Tab | ole I - No | n-Der | ivative | Securiti | ies Acqui | red, Dispose | ed of, or Ben | eficially Own | ed | | |
| (Street) SUNNYVALE, CA 94088-3453 | | | 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 | | | | |
| ADVANCED MICRO DEVICES, INC., ONE AMD PLACE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2008 | | | | | | | | X_Officer (give title below)Other (specify below)SVP, General Counsel | | | |
| | 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 | | | | | |
| ADVANCED MICRO DEVICES, INC., ONE | | | | ADVANCED M. 3. Date of Earliest T | ADVANCED MICR 3. Date of Earliest Transa | ADVANCED MICRO DEV 3. Date of Earliest Transaction (M | ADVANCED MICRO DEVICES 3. Date of Earliest Transaction (Month/D | ADVANCED MICRO DEVICES INC 3. Date of Earliest Transaction (Month/Day/Yea | ADVANCED MICRO DEVICES INC [AMD 3. Date of Earliest Transaction (Month/Day/Year) | ADVANCED MICRO DEVICES INC [AMD] 3. Date of Earliest Transaction (Month/Day/Year) | ADVANCED MICRO DEVICES INC [AMD] 3. Date of Earliest Transaction (Month/Day/Year) _X_Officer (g | ADVANCED MICRO DEVICES INC [AMD] 3. Date of Earliest Transaction (Month/Day/Year) Checker Z Officer (give title below) | ADVANCED MICRO DEVICES INC [AMD] 3. Date of Earliest Transaction (Month/Day/Year) Check all applicab Director X_Officer (give title below) SVP. General County | ADVANCED MICRO DEVICES INC [AMD] (Check all applicable) Director Officer (give title below) SVB. General Capused SVB. General Capused | |

| Danielina Oroman Nama / Addusa | Relationships | | | | | | |
|--|---------------|-----------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| WOLIN HARRY A ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453 | | | SVP, General Counsel | | | | |

Signatures

| Faina Medzonsky By Power of Attorney | 11/24/2008 | | |
|--------------------------------------|------------|--|--|
| 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.