FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response... 0.5

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

Print or Type Response	s)										
1. Name and Address o HARTOG ADRIA	2. Issuer Name and ADVANCED MI			~ -		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) SR VP & GM CEG					
ADVANCED MIC AMD PLACE	3. Date of Earliest Tr 11/15/2007	ransaction (N	Month	n/Day/Yea	r)						
SUNNYVALE, CA	4. If Amendment, Date Original Filed(Month/Day/Year)						Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		Table I - N	on-D	erivative	Securitie	s Acqı	uired, Disposed of, or Beneficially Own	ied	
1.Title of Security		2. Transaction	2A. Deemed	3. Transacti	ion	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)		Date	Execution Date, if	Code		(A) or D:	isposed of	f (D)	Owned Following Reported	Ownership	of Indirect
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial
			(Month/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.

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. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature	
	Derivative	Conversion	Date	Execution Date, if	Transaction of		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect		
	Security	or Exercise	(Month/Day/Year)	any	Code	Code Derivative		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership	
		Derivative				Acquired							Owned	Security:	(Instr. 4)	
		Security				(A) or							Following	Direct (D)		
						Disposed							Reported	or Indirect		
						of (D)								Transaction(s)	(I)	
						(Instr. 3, 4,		4,						(Instr. 4)	(Instr. 4)	
						and 5)										
												Amount				
									D	E in the state of		or				
										Expiration	Title	Number				
									Exercisable	Date		of				
					Code	V	(A)	(D)				Shares				
Ī	Employee															
	Stock	\$ 12.7	11/15/2007		Α		9,375		<u>(1)</u>	11/15/2014	Common	9,375	\$ 0	9,375	D	
	Option										Stock			,		

Reporting Owners

Danielia Orini Nama / Addina	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
HARTOG ADRIAN ADVANCED MICRO DEVICES, INC. ONE AMD PLACE SUNNYVALE, CA 94088-3453				SR VP & GM CEG				

Signatures

Faina Medzonsky 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.