

GHILARDI EMILIO  
Form 3  
May 15, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

|  |          |          |                                      |   |  |
|--|----------|----------|--------------------------------------|---|--|
| 1. Name and Address of Reporting Person *    |          |          | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  |  |
| Â GHILARDI EMILIO                            |          |          | (Month/Day/Year)                     | ADVANCED MICRO DEVICES INC [AMD]  |  |
| (Last)                                       | (First)  | (Middle) | 05/07/2009                           | 4. Relationship of Reporting Person(s) to Issuer  | 5. If Amendment, Date Original Filed(Month/Day/Year)                   |
| ADVANCED MICRO DEVICES, INC.,Â ONE AMD PLACE |          |          |                                      | (Check all applicable)  |  |
|  | (Street) |          |                                      | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  | 6. Individual or Joint/Group Filing(Check Applicable Line)             |
| SUNNYVALE,Â CAÂ 94088-3453                   |          |          |                                      | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
|  | (City)   | (State)  | (Zip)                                | SVP, Chief Sales Officer  | <input type="checkbox"/> Form filed by More than One Reporting Person  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock                    | 35,376  | D  | Â   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|--|--|---|
|  | Date Exercisable   | Expiration Date   | Title  | Amount or Number of  |   |

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|                        |                           |            |              | Shares  |         | (I)<br>(Instr. 5) |   |
|------------------------|---------------------------|------------|--------------|---------|---------|-------------------|---|
| Stock Option Grant     | 09/15/2011 <sup>(1)</sup> | 09/15/2015 | Common Stock | 160,000 | \$ 5.18 | D                 | Â |
| Restricted Stock Award | 11/09/2011 <sup>(2)</sup> | 09/15/2015 | Common Stock | 40,000  | \$ 0    | D                 | Â |
| Stock Option Grant     | 12/15/2010 <sup>(3)</sup> | 12/15/2015 | Common Stock | 150,000 | \$ 2.21 | D                 | Â |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                                  |       |
|--|---------------|-----------|----------------------------------|-------|
|  | Director      | 10% Owner | Officer                          | Other |
| GHILARDI EMILIO<br>ADVANCED MICRO DEVICES, INC.<br>ONE AMD PLACE<br>SUNNYVALE, CA 94088-3453 | Â             | Â         | Â SVP,<br>Chief Sales<br>Officer | Â     |

## Signatures

Faina Medzonsky By Power of Attorney 05/15/2009

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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 9/15/2009 then quarterly for the next two years.

(2) This award vests 33 1/3% on 11/9/2009 then 33 1/3% annually for the next two years.

(3) This option vests 50% on 12/15/2009 then 50% on 12/15/2010.

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.