FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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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

| (Print or Type Responses) | | 1 | | | | | | | | 1: 00 | | () . T | |
|---|--|--|---|--------------------------|---|---|--|---|--|--|---|---|---|
| 1. Name and Address of Reporting P SMITH DARLA M | | 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 Officer (give title below) Chief Accounting Officer Chief Accounting Officer | | | | | |
| 2485 AUGUSTINE DRIVE | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2021 | | | | | | | | | | | |
| (Street) SANTA CLARA, CA 95054 | 4. If Ame | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. 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 - Non-Derivative Securities Acq | | | | es Acqu | uired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | A. Deemed xecution Date, if ny Month/Day/Year) | (Instr. 8) | 4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5) | | of (D) | (D) Beneficially | | t of Securities lly Owned Following Transaction(s) | | 7. Nature of Indirect Beneficial Ownership | |
| | | (Worth/Da | ruy/ 10u1) | Code | V | Amoun | (A) or (D) | Price | (msu. 3 | and 4) | | | (Instr. 4) |
| | 08/18/2021 | | | S | | 1,411 (1) | $D = \begin{bmatrix} S \\ 1 \end{bmatrix}$ | S 107.38 | 11,355 | 5 | | D | |
| Reminder: Report on a separate line | for each class of secu | rities benefi | icially ov | wned direc | Per | sons w | y. ho respo | | the colle | ection of in | | | 1474 (9-02) |
| | | - Derivativ | ve Secur | rities Acqu | Per con the | sons w tained form di | y. ho respo in this fo isplays a l of, or Be | rm are curre | the colle not rec ntly vali | uired to re d OMB cor | oformation espond unles ntrol number. | s | 1474 (9-02) |
| Reminder: Report on a separate line | Table II | - Derivativ | ve Secur s, calls, y | rities Acqu warrants, | Per con the ired, l | sons w tained form di Disposed | y. ho respo in this fo isplays a l of, or Be ertible sec | rm are curre neficia urities | the colle not rec ntly vali | uired to red to ored OMB cor | espond unles ntrol number. | s | |
| | Table II on 3A. Deemed Execution Da | - Derivativ (e.g., puts 4. Tran Code | ve Secur s, calls, v assaction e tr. 8) | rities Acqu | Perconthe ired, I option 6. Do and 1 (Month) | sons w tained form di | y. ho responding this foliation is plays and of, or Beartible securisable on Date | rm are curre eneficia urities 7. Tit Amou Unde Secur | the colle e not recently valid lly Owned le and unt of rlying | uired to red OMB cored | spond unles | s | 11. Natur of Indirec Beneficia Ownersh (Instr. 4) |

Reporting Owners

| Donouting Owner Name / Addusse | Relationships | | | | | |
|--|---------------|-----------|---------|--------------------------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| SMITH DARLA M 2485 AUGUSTINE DRIVE SANTA CLARA, CA 95054 | | | | Chief Accounting Officer | | |

Signatures

| /s/Darla M Smith | 08/19/2021 |
|---------------------------------|------------|
| **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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 4, 2020.

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.