FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| OMB | APPROVAL |

hours per response

3235-0287 OMB Number: Estimated average burden

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MILLIGAN STEPHEN D | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|--|--|---|---|--|--|----------|-------------|--|---|-------------------------|--|--|-------------------------------|------------------------|---|---|--|--|
| MILLI | JAN 511 | EPHEN D | | | 7720 | 121111 | <u> </u> | | IL CO | 111 | בניים | C] | | X | Director Officer (g | ive title | | 10% Ow Other (s | |
| (Last) (First) (Middle) C/O WESTERN DIGITAL CORPORATION 5601 GREAT OAKS PARKWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2020 | | | | | | | Chief Executive Officer | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (9 | State) | (Zip) | | . Sim med by more trial one reporting reason | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | n Date, | | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | | 5. Amount Securities Beneficially Following Reported | | Form: (D) or | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | de V Amount | | t (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | 1115(1.4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. r) 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and | | Ex | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour Securities Underly Derivative Securit (Instr. 3 and 4) | | derlying curity | ing Derivative | | er of /e es ally ig d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | Ex Da | piration ite | Title | N | mount or umber of nares | | Transaction(s (Instr. 4) | | , | |
| Dividend Equivalent Rights | (1) | 01/21/2020 | | A | | 1,244.1872 | | | (1) | | (1) | Comm Stock | | 244.1872 | \$0.0 | 11,654. | .1761 | D | |

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded restricted stock units (RSUs) which vest proportionately with the RSUs to which they relate. Each dividend equivalent right represents a contingent right to receive one share of the Issuer's common stock or the cash value thereof.

By: /s/ Sandra Garcia Attorneyin-Fact For: Stephen D. Milligan

01/23/2020

** Signature of Reporting Person

Date

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

- * 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.

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 Number.