FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burde	en								
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).

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

1. Name and Address of Reporting Person* MOGHADAM HOSSEIN M									ker or Trad		ymbol RP [WD		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													Directo	r		10% Ov	vner			
					-										(give title		Other (s	specify		
(Last)	(F	First)		3. Date of Earliest Transaction (Month/Day/Year)								below) below)								
C/O WESTERN DIGITAL CORPORATION							09/10/2009								Senior VP & CTO					
20511 LAKE FOREST DRIVE							endment	Date	of Original	Filed	(Month/Day	6 In	6. Individual or Joint/Group Filing (Check Applicable							
(0)							4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street)														X Form filed by One Reporting Person						
LAKE FOREST CA 92630-7741												Form fi	iled by More than One Report		ting					
-					-									Person	-					
(City) (State) (Zip)																				
		Tal	ble I - Nor	n-Deri	ivativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	neficiall	y Owned						
1. Title of Security (Instr. 3) 2. Trans						n	2A. Deem	ed	3.			ties Acquire		5. Amou	nt of			7. Nature of		
Date							Execution Date, if any (Month/Day/Yea		Code (Instr.				tr. 3, 4 and	Securitie Beneficia				Indirect Beneficial		
				iiiDayii	cai,	"							Owned F			nstr. 4)	Ownership (Instr. 4)			
										Ī	1	(A) or	1							
									Code	V	Amount	(D)	Price	(Instr. 3 a						
Common Stock ⁽¹⁾ 09/10)/2009		Α		4,260) A	\$0	104	104,466		D				
							<u> </u>													
			Table II - I											Owned						
				(e.g.,	puts	, can	s, warr	ants	s, option	is, c	onvertib	ne secu	rities)							
1. Title of	2.	3. Transaction	3A. Deemed	Date,	4. Transaction Code (Instr. 8)		(Instr. Derivative Securities		6. Date Exercis		able and	7. Title and Amou		8. Price of	9. Number of		10.	11. Nature of Indirect		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D						Expiration (Month/Da					Derivative Security	derivative Securities Beneficially		Ownership Form: Direct (D)	Beneficial Ownership		
(Instr. 3)	Price of	(,	(Month/Day/						(,	.,	Derivative Sec (Instr. 3 and 4)		(Instr. 5)						
	Derivative Security						Acquired (A) or		(Inst				nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
	1						Disposed of (D) (Instr. 3, 4 and 5)								Reported Transaction(s)	(-)	,			
															(Instr. 4)	on(s)				
								Ė		\neg			Amount	1						
													or							
					Code	v	(A)		Date		Expiration Date	Title	Number of							
									Exercisab				Shares							
Employee										\Box										
Stock Option	\$35.75	09/10/2009			Α		11,475		09/10/2010	(2)	09/10/2016	Common	11,475	\$0	11,475	_	D			
(right to	φου./ο	09/10/2009			A		11,4/5		09/10/2010	-/	03/10/2010	Stock	11,4/3	Φυ	11,4/3	J	ע			

Explanation of Responses:

- 1. Represents the grant of restricted stock units to the reporting person. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. The option vests 25% on the first anniversary of the grant date and 6.25% at the end of each three-month period thereafter.

By: /s/ Sandra Garcia Attorney-

in-Facct For: Hossein M.

Moghadam

09/11/2009

** 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.