FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL
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OMB Number:	3235-028									
Estimated average burden										
hours per respense:	0.1									

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* MEHROTRA SANJAY					2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	STERN DIO	GITAL CORPO			3. Date of Earliest Transaction (Month/Day/Year) 11/03/2016									Officer below)	pecify				
3355 MICHELSON DRIVE, SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) IRVINE	C	A	92612										Ž	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Ta	ble I - Nor	า-Deriva	tive S	ecur	ities Ac	quired,	Disp	osed o	of, or	Bene	ficially	Owned					
			Date	2. Transaction Oate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di Code (Instr. 5)		Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or D)	Price	Reported Transacti (Instr. 3 a	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	ommon Stock ⁽¹⁾ 11/0 ²			11/04/	2016		A		4,08	89 A \$		\$0.0	4,089			D			
Common	non Stock			11/03/	3/2016			M		32 ⁽²)	A	\$0.0	9,208			I 1	By Family Trust ⁽³⁾	
Common Stock													19,	19,192			oy GRAT		
			Table II -					uired, D s, option			,		•	Owned					
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	ate, Tra	r, Transaction Code (Instr.		Derivative I		6. Date Exercisa Expiration Date (Month/Day/Yea		of Sec Under Deriva	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	ie V	(A)	(D)	Date Exercisab		xpiration ate	Title	Or No	mount umber Shares		Transaction(s) (Instr. 4)	on(S)			
Dividend Equivalent Rights	(2)	11/03/2016		M			32.5727	(2)		(2)	Comm		2.5727	\$0.0	0		D		

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 dividend equivalents were converted into, and paid in the form of, shares of the Issuer's common stock on a one-for-one basis in connection with the vesting of restricted stock units to which the dividend equivalents relate. A cash amount equal to \$31.58 was also paid to the holder to settle a fractional dividend equivalent of 0.5727.
- 3. Includes change in form of beneficial ownership of shares of Issuer's common stock in connection with the vesting of the reporting person's restricted stock unit award. The underlying shares were issued directly to the reporting person's Family Trust account.

By: /s/ Sandra Garcia Attorney-11/07/2016 in-Fact For: Sanjay Mehrotra

** 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.