FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>BEHRENDT PETER D</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | | | all applicable) Director | | g Person(s) to Issuer 10% Owner | | wner |
|--|--|--|-----------|--|---|--|---------|--------------------------------------|--|--|---|------------------------|-------|--|------------------------------------|--|---|--|-------------------|----------|
| | | GITAL CORPOR | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2009 | | | | | | | | | | Officer (give title below) | | | Other (below) | (specify |
| (Street) | Street) LAKE FOREST DRIVE 92630-7741 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 11/13/2009 | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acq | uired, | Dis | posed o | f, or | Bene | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | 2A. Deem Execution if any (Month/Da | | n Date, | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | |
| Common Stock ⁽¹⁾ | | | 11/11 | 11/11/2009 | | | | A | | 3,244(| (2) | A | \$0 | | 51,852 | | | D | | |
| | 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) | Execution | | Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | , | (A) | | Date Evercisal | | Expiration | Amo or Nun of | | nber | | | | | | |

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. Amended filing to reflect the correct number of restricted stock units granted to the reporting person.

By: /s/ Sandra Garcia Attorney-in-Fact For: Peter D. 11/25/2009 **Behrendt**

** 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.