FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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* <u>CARRILLO JOSEPH R</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|---|---|--|---|--------|--|---|--------|-----|---|------------|--------------------|--|---|---|--|---|--|---|--|
| | STERN DI | GITAL CORPO | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2012 | | | | | | | | below) | | | below) | ` | |
| 3355 MICHELSON DRIVE, SUITE 100 (Street) IRVINE CA 92612 (City) (State) (Zip) | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | nsaction | 2A. Deemed Execution Date, | | | 3. 4. Securit Transaction Disposed Code (Instr. 5) | | | f, or Ber ies Acquire Of (D) (Inst | d (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock ⁽¹⁾ 05/3 | | | | 16/201 | /2012 | | Code | V | Amount 5,630 | (A) or (D) | Price | (Instr. 3 a | 91,932 ⁽²⁾ | | D | (1150. 4) | | | |
| | | | Table II - I | | | | | | uired, Di | | | | | 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, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | of Securities | | es g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$38.63 | 05/16/2012 | | | A | | 13,388 | | 05/16/2012 ⁰ | (3) | 05/16/2019 | Common Stock | 13,388 | \$0 | 13,38 | 8 | 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. Includes 52 shares acquired under the issuer's Employee Stock Purchase Plan on November 30, 2011.
- 3. The option vests 25% on the first anniversary of the grant date and 6.25% at the end of each three-month period thereafter.

<u>By: /s/ Sandra Garcia Attorney-</u> <u>in-Fact For: Joseph R. Carrillo</u> 05/18/2012

** 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.