FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burde | en | | | | |
| l | 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).

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

| 1. Name and Address of Reporting Person* COTE KATHLEEN A | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | | ionship of Reporting all applicable) Director | | | 10% Owner | | |
|---|---|---|---|--|------------------------------|--|-------|--------------------------------|--|--|----------------------------|--|--|---|---|--|--|--|--|--|
| (Last) C/O WE | | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2014 | | | | | | | | | Officer (give title below) | | Other (specification) | | pecify | | | | | |
| , | CHELSON | DRIVE, SUITE | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) IRVINE CA 92612 | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | _ | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deri | vative | e Sec | urit | ies Ac | quired | , Di | sposed o | f, or Be | neficial | ly Owi | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | 3. Transac Code (I 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securition Benefici Owned I | | es Fo ally (D Following (I) | | Direct Conditions of the Direct Endirect Endirect Endirect (Conditions of the Direct (Conditions | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tran | Reported Transaction(s) (Instr. 3 and 4) | | | 1 | Instr. 4) | |
| Common | /2014 | 014 | | | М | | 6,911 | A | \$32.9 | 9 14, | | ,723 | | D | | | | | | |
| Common | Stock | | | 03/05 | /2014 | | | | S | | 6,911 | D | \$88.75 | 16 | 7,812 | 12 D | | | | |
| | | ٦ | Table II | | | | | | | | posed of, converti | | | Owne | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | | 4. Transa Code (8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | ive de y Se) Be Or Fo Re Tr | Number erivative ecurities eneficially wned ollowing eported ransactionstr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock Option (right to | \$32.99 | 03/05/2014 | | | M | | | 6,911 | 11/11/201 | 11 ⁽¹⁾ | 11/11/2017 | Common Stock | 6,911 | \$0.0 | | 1,595 | | D | | |

Explanation of Responses:

1. The option vested 25% one year from the grant date of 11/11/2010, and an additional 6.25% vested at the end of each three-month period through 2/11/2014. The remaining shares subject to the option will vest at 6.25% at the end of each three-month period until fully vested on 11/11/2014.

By: /s/ Sandra Garcia Attorneyin-Fact For: Kathleen A. Cote

** 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.