FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHI

l	OMB APPR	OVAL
	OMB Number:	3235-0287
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ı	hours por rosponso:	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>LONG MARK P</u>						2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [ WDC ]										eck all applic	•		son(s) to Iss 10% O Other (s	vner	
(Last) (First) (Middle) C/O WESTERN DIGITAL CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015										below)		& Coi	below)	·		
3355 MICHELSON DRIVE, SUITE 100					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)															
(Street) IRVINE CA 92612					X Form filed by One Reporting Person Form filed by More than One Reporting Person																
(City)	(S	tate)	(Zip)													. 0.00.	1 613011				
		Tab	le I - No	n-Deriv	/ative	e Se	ecurit	ies A	cquire	d, D	isp	osed o	f, or	Bene	eficial	ly Owned	l				
Date					2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.						Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Cod	le V		Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 05/15					5/201	/2015		M <sup>(</sup>	1)		876	876		\$48.6	3 37	37,179		D			
Common Stock 05/15.					5/201	/2015		M <sup>(</sup>	1)		1,011 A		\$68.4	9 38	38,190		D				
Common Stock 05/15/					5/201	/2015		S	.)		1,887 D \$		\$98.6	2 36,303		D					
		-	Table II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.				6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able		xpiration vate	Title	0 0	Amount or lumber of Shares						
Employee Stock Option (right to buy)	\$48.63	05/15/2015			M <sup>(1)</sup>			876	02/13/2	014 <sup>(2)</sup>	0	2/13/2020		nmon ock	876	\$0.0	20,15	6	D		
Employee Stock Option	\$68.49	05/15/2015			<b>M</b> <sup>(1)</sup>			1,011	08/14/2	)14 <sup>(3)</sup>		8/14/2020		nmon	1,011	\$0.0	29,33	1	D		

## **Explanation of Responses:**

(right to buy)

- 1. These transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 18, 2014.
- 2. The option vested 25% one year from the grant date of 2/13/2013, and an additional 6.25% vested at the end of each three-month period through 5/13/2015. The remaining shares subject to the option will vest at 6.25% at the end of each three-month period until fully vested on 2/13/2017.
- 3. The option vested 25% one year from the grant date of 8/14/2013, and an additional 6.25% vested at the end of each three-month period through 5/14/2015. The remaining shares subject to the option will vest at 6.25% at the end of each three-month period until fully vested on 8/14/2017.

By: Sandra Garcia Attorney-in-05/19/2015 Fact For: Mark Long

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.