FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	_
OMB APPROVAL	

- 1		
	OMB Number:	3235-0287
	Estimated average burden	

hours per response:

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

					01 360	Juon 30(11) (or tire	IIIVESIIII	ont Cu	ilipally Act	01 1340								
Name and Address of Reporting Person* LONG MARK P													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										<u> </u>	J			Director			10% Owi	ner	
				— <u>L</u>									X	Officer (g	give title		Other (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below)			below)		
C/O WESTERN DIGITAL CORPORATION					07/15/2014								EVP, Strategy & Corporate Dev.						
3355 MICHELSON DRIVE, SUITE 100				T	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6 Individual or Joint/Group Filing (Check Applicable						
(0++)				_ "									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	0		02612										X	Form file	d by One	Repor	ting Person		
IRVINE CA 92612														Form filed by More than One Reporting				ng	
														Person			·	Ĭ	
(City)	(9	state)	(Zip)																
		т.	able I - Non-D	orivot	is a C	oouritio.	- A -	auiros	Dia	nood 4	of or De	noficial	1111	hunod					
		10	able I - Non-L	erivai	ive 5	ecurities	SAC	quirec	, DIS	sposea	or, or be	nencia	iiy C	ownea					
1. Title of Security (Instr. 3) 2. Trans				Transact	action 2A. Deemed Execution Date.			3.	3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5. Amount of nd 5) Securities			6. Ownership Form: Direct		. Nature of	
				ແຍ onth/Day	y/Year) if any		Code (Instr.			;u Oi (D) (iiisii. 3, 4 a		u 5)	Beneficially		(D) or Indirect	Indirect E	Beneficial		
						(Month/Day/Ye		ır) 8)	8)					Owned Following Reported		(I) (Ins		Ownership (Instr. 4)	
								Code	. v	Amount	(A)	or Price		Transaction(s) (Instr. 3 and 4)				` '	
					Code V Amount (D)							(instr. 3 an	u 4)						
			Table II - De	rivativ	re Se	curities .	Acq	uired,	Disp	osed of	, or Ben	eficially	y Ov	vned					
			(e.	g., put	s, ca	lls, warr	ants	, optic	ns,	converti	ble sec	urities)							
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number of		6. Date Exercisable and 7. Title and				d Amount	of	8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Date, if any	Transa Code				Expiration Date Securities Underl							derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Month/Day/Year)	8)	Acquired		Acquired (A)		Month/Day/Year) Derivative Securi (Instr. 3 and 4)				(Instr. 5)		Beneficially		Direct (D)	Ownership		
Derivative Security					or Disposed of (D) (Instr. 3,										Owned Following Reported Transaction(s)		or Indirect (I) (Instr. 4)	(Instr. 4)	
					4 and 5)														
							П		\neg			Amount			(Instr. 4)				
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Number Shares	of						
Dividend				+		,,	H		_			<u> </u>	\dashv						
Equivalent	(1)	07/15/2014		A		103.7202		(1)		(1)	Common Stock	103.72	02	\$0.0	443.26	574	D		
Rights	I					1	ıl				Stock		- 1					I	

Explanation of Responses:

1. The dividend equivalent rights accrued on previously awarded restricted stock units (RSUs) which vest proportionately with the RSUs to which they relate. Each dividend equivalent right represents a contingent right to receive one share of the Issuer's common stock or the cash value thereof.

By: /s/ Sandra Garcia Attorneyin-Fact For: Mark Long

07/16/2014

** 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.