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POLYONE COF Form 4 October 03, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	5 UNITED S STATEMI Filed pursu Section 17(a)	TATES SECUI Wa ENT OF CHAN uant to Section 1) of the Public U 30(h) of the In	shington, NGES IN 1 SECUR 6(a) of the tility Hold	D.C. 209 BENEFI ITIES e Securiti ling Com	549 CIA ies Ez ipany	L OW xchang	NERSHIP OF the Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type Respo	onses)									
PATIENT WILLIAM F Symbol			r Name and Ticker or Trading ONE CORP [POL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Mi	iddle) 3. Date o	3. Date of Earliest Transaction			(Chee	.k an application	-)		
POLYONE CEI WALKER ROA	h/Day/Year))/2005				X_ Director 10% Owner Officer (give title Other (specify below) below)					
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
AVON LAKE, OH 44012							Form filed by More than One Reporting Person			
(City)	(State) (Z	Zip) Tab	le I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
	Transaction Date Ionth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	on(A) or Di (D)	ispose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common 09 Stock	9/30/2005		А	2,086	А	\$ 5.99	16,695	D		
Common Stock							200	I	by Spouse's Trust	
Common Stock							60,275	Ι	by Trust	

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

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(9-02)

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displays a currently valid OMB control number.

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title Amour Underl Securit (Instr. 2	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
PATIENT WILLIAM F POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х							
Signatures								
By: Wendy C. Shiba, Power of Attorney For: William F. Patient								

**Signature of Reporting Person

0/03/2005

Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.