POLYONE CORP Form 4 March 10, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box subject to

if no longer Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

WALKER ROAD

1. Name and Address of Reporting Person * NEWLIN STEPHEN D

Symbol

POLYONE CORP [POL]

3. Date of Earliest Transaction

(Middle)

(Month/Day/Year) 03/06/2008

(Street)

(First)

4. If Amendment, Date Original Filed(Month/Day/Year)

AVON LAKE, OH 44012

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

(Check all applicable)

X Director 10% Owner X_ Officer (give title Other (specify below) below)

Chairman, President & CEO

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-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State)

POLYONE CENTER, 33587

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

(Zip)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

(T) (Instr. 4) Transaction(s) (Instr. 3 and 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial

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January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Ownership (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form 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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amou Underlying Secur (Instr. 3 and 4)

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Acquired (A Disposed of (Instr. 3, 4, 5) | of (D) | | | | |
|---------------------------|------------------------------------|------------|------------------|------------|--|--------|---------------------|--------------------|-----------------|------------------|
| | | | | Code V | / (A) | (D) | Date Exercisable | Expiration Date | Title | Am Nur Sha |
| Restricted Stock Units | (1) | 03/06/2008 | | A | 114,700 | | 03/06/2011 | 03/06/2011 | Common Stock | 11 |
| Stock Appreciation Right | \$ 6.765 | 03/06/2008 | | A | 286,800 | | (2) | 03/05/2015 | Common Stock | 28 |

Reporting Owners

| Reporting Owner Name / Address | Keiationsinps | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |

NEWLIN STEPHEN D POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012

Chairman, President & CEO

Signatures

By: Lisa K. Kunkle, Power of Attorney For: Stephen D.

Newlin 03/07/2008

X

**Signature of Reporting Person 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).
- (1) Each restricted stock unit represents a contingent right to receive one share of PolyOne common stock.
- (2) The stock appreciation rights vest in three equal annual installments beginning March 6, 2009.

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.

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