## Edgar Filing: POLYONE CORP - Form 4

POLYONE CORP Form 4 April 01, 2008 FORM 4 Municipation 2008 Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction 1(b).								
(Print or Type Responses)								
1. Name and Address of Reportin WALTERS FARAH M	ssuer Name <b>and</b> Ticker ool YONE CORP [PO]	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) POLYONE CENTER, 335 WALKER ROAD	te of Earliest Transactic th/Day/Year) 1/2008	n	XDirector10% Owner Officer (give titleOther (specify below)below)					
(Street) AVON LAKE, OH 44012		Amendment, Date Origi (Month/Day/Year)	nal	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>								
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		e, if Transaction(A) or Code (D) ear) (Instr. 8) (Instr.	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock 03/31/2008		A 2,624	\$	94,648	Ι	Deferred Comp Plan		
Common 03/31/2008 Stock		A 1,944	A \$0	96,592	Ι	Deferred Comp Plan		
Common Stock				1,056	D			

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

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control

### Edgar Filing: POLYONE CORP - Form 4

#### 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address		Relationsh				
L O	Director	10% Owner	Officer	Other		
WALTERS FARAH M POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х					
Signatures						
By: Lisa K. Kunkle, Power of Attorney For: Farah M. Walters					04/01/2008	
<u>**</u> 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).

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.