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POLYONE CORP Form 4 April 01, 2008 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).									
(Print or Type Responses)									
DUFFBLOOM GALE Symbol Issuer POLYONE CORP [POL]									
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)X_Director	Officer (give title Other (specify								
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by O	_X_ Form filed by One Reporting Person Form filed by More than One Reporting								
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of	, or Beneficially Owned								
Security (Instr. 3) (Month/Day/Year) Execution Date, if any Transaction(A) or Disposed of Code Securities (Instr. 3) any Code (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (A) (A) Reported Transaction(s) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)								
Code v Amount (D) Price	I Deferred Comp Plan								
Common	I Deferred Comp Plan								
Common 498 Stock	D								

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		
	Director	10% Owner	Officer	Other
DUFFBLOOM GALE POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х			
Signatures				
By: Lisa K. Kunkle, Power of . Duff-Bloom	Attorney 1	For: Gale		04/01/2008
<u>**Signature of Rep</u>		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.