Edgar Filing: POLYONE CORP - Form 4

Form 4	0RP											
October 01, 2013 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction							OMB Number: Expires: Estimated a burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5				
1(b). (Print or Type Resp	ponses)											
Goff Gregory James Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				-				(Check all applicable) X_ Director 10% Owner Officer (give title 0ther (specify below) below)				
	(Street) 4. If Amen Filed(Mont				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
AVON LAKE, (City)		(Zip)	Tabla	I Non D	orivotivo	Footeri	tios A a	Person				
1.Title of 2	. Transaction Date Month/Day/Year)	-	d Date, if	3. Transacti Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	ties I (A) o I of (D 4 and (A) or	r)	quired, Disposed 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)	-		
Common 0 Stock 0	09/30/2013			А	820	A	\$0	10,069	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 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)

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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)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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
Goff Gregory James POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х			
Signatures				
By: Lisa K. Kunkle, Power of Goff	Attorney 1	For: Gregory	J	10/01/2013
<u>**</u> Signature of Repor	ting 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.