FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* SODERBERY ROBERT | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | | ck all app Direc | ationship of Reporti all applicable) Director Officer (give title | | son(s) to Is 10% Over (see the content of the cont | wner |
|---|--|-------|--------------|--|---|--|--|--|------------|-----------|--|--|---------------------------------|--|--|--|---|--|------|
| (Last) (First) (Middle) C/O WESTERN DIGITAL CORPORATION 5601 GREAT OAKS PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022 | | | | | | | | | X | below) | | below) Flash Business | | · |
| (Street) SAN JOSE CA 95119 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | Execution Date, | | 3. 4. Securitie Disposed C Code (Instr. 8) | | | | | 4 and Securi Benefi | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ransaction(s) nstr. 3 and 4) | | | (msu. 4) | | | |
| Common Stock ⁽¹⁾ 06/15/2 | | | | | 2022 | | A | | 20,020 |) A \$(| | \$0.0 | 208,177 ⁽²⁾ | | | D | | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | Code (8) | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share | | De Se (In | Price of privative scurity sstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. Represents the grant of restricted stock units to the Reporting Person. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. Includes 330 and 434 shares acquired under the Issuer's Employee Stock Purchase Plan on November 30, 2021 and May 31, 2022, respectively.

By: /s/ Sandra Garcia

Attorney-in-Fact For: Robert 06/17/2022

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** Signature of Reporting Person Date

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

- * 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.

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 Number.