FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 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* SHAKEEL ARIF | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTERN DIGITAL CORP [WDC] | | | | | | | | | | | olicable) | ng Person(s) t | o Issuer 6 Owner | |
|--|---|--|---|-------|--------------------------------------|--|---|---|--|---------------|---------------------|---|---|---------------------|------|---|---|---|---------------------------------------|--|
| (Last) (First) (Middle) C/O WESTERN DIGITAL CORPORATION | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2009 | | | | | | | | | Office below | er (give title v) | Oth bel | er (specify ow) | |
| 20511 LAKE FOREST DRIVE (Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 11/13/2009 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| LAKE FOREST CA 92630-774 | | | | 41 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | Execution if any | A. Deemed xecution Date, any Month/Day/Year) | | | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 5. Amo Securi Benefi Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | (instr. 4) | | | | |
| Common Stock ⁽¹⁾ 11/11/ | | | | | | | | | A | | 3,244 | (2) | A \$0 | | 0 | 17,179 | | D | | |
| | | Та | able II - D) | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber res | | | | | | |

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. Amended filing to reflect the correct number of restricted stock units granted to the reporting person.

By: /s/ Sandra Garcia

Attorney-in-Fact For: Arif 11/25/2009

<u>Shakeel</u>

** 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.