POLYONE CORP Form 4 April 04, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * PATIENT WILLIAM F | | | 2. Issuer Name and Ticker or Trading Symbol POLYONE CORP [POL] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|--------------------------------------|-------|---|------------------------------------|------------------|--------------------------------------|--|--|---|--|
| (Last) | (First) (1 | | 3. Date of Earliest Transaction | | | (Check all applicable) | | | | |
| POLYONE CENTER, 33587 WALKER ROAD | | | (Month/Day/Year) 03/31/2006 | | | X Director Officer (giv below) | | We Owner over (specify | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| AVON LAKE, OH 44012 | | | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | able I - Non-D | erivative (| Securitio | es Aco | quired, Disposed (| of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code ear) (Instr. 8) | 4. Securion(A) or D (D) (Instr. 3, | 4 and 5) (A) or | 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/31/2006 | | A | 1,361 | <u>,</u> | § 9.18 | 20,003 | D | | |
| Common Stock | | | | | | | 200 | I | by Spouse's Trust | |
| Common Stock | | | | | | | 60,275 | I | by Trust | |

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

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SEC 1474 (9-02)

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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)

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|----------------------------------|---|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transactic Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Under Securi (Instr. | lying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| PATIENT WILLIAM F POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012 | X | | | | | | |

Signatures

By: Wendy C. Shiba, Power of Attorney For: William F. Patient

04/04/2006

**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.

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