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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response 0.5

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* WILSON W DAVID				2. Issuer Name and Ticker or Trading Symbol POLYONE CORP [POL]									eck all applic Directo	able)	ting Person(s) to Issue 10% Own Other (sp.		/ner	
(Last) (First) (Middle) POLYONE CENTER 33587 WALKER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 09/21/2006									below)	below)	рсспу		
(Street) AVON LA			4012		4. If	Amer	dmen	t, Date of	Original	Filed	(Month/Day	//Year)	Line	X Form fi	iled by One	e Repor	(Check App rting Persor One Repor	ı
(City)	(Sta	te) (2	Zip)											Person				
			le I - No	1		_			1	Dis	1			y Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired Of (D) (Insti		Beneficia Owned F	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)
Common S	tock			09/21	1/2006	5			М		55,040) A	\$6.14	121	,496		D	
Common S	tock			09/21	1/2006	5			F		43,209) D	\$8.94	5 78,	287		D	
Common S	tock													48,	537		I 1	Savings Plan Trust ⁽¹⁾
Common S	tock													2	20			by Daughter
Common S	tock													2	20		I 1	by Daughter 2
		Т	able II -					•	-		osed of, convertib		-	Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Traity or Exercise (Month/Day/Year) if any Co		Transa Code (Transaction Code (Instr. B) S		umber ivative urities juired or oosed D) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact (Instr. 4)	ove of tion(s) Ve ally or Indirect (D) or Indirect (I) (Instr. 4) d tion(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
Stock Appreciation Right	\$6.14	09/21/2006			М			55,040	(2)		12/10/2006	Common Stock	55,040	\$0	27,52	20	D	

Explanation of Responses:

- 1. The information in this report is based on a PolyOne Retirement Savings Plan statement dated as of June 30, 2006. PolyOne common shares are held in a unitized fund that consists of stock and cash . The number of shares and the amount of cash may fluctuate daily depending on plan level activity in the fund. Even though no transaction has occurred, this fluctuation may result in an increase or decrease in the number of shares held since the last report filed by the reporting person
- 2. SARs are exercisable upon vesting. As of November 16, 2004, 2/3rds of the SARs have vested with the remaining 1/3rd to vest when the market price of PolyOne common stock reaches \$10 per share for three consecutive trading days

By: Wendy C. Shiba Power of Attorney For: W. David Wilson

09/25/2006

** 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.