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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	hurdon										

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person* CARTWRIGHT CAROL A			2. Issuer Name and Ticker or Trading Symbol <u>POLYONE CORP</u> [POL]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CARTWRIGHT CAROL A				X	Director	10% Owner			
(Last) POLYONE CEN	(First) ITER	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2008		Officer (give title below)	Other (specify below)			
33587 WALKER ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check						
				Line)	g (encer Applicable				
(Street)				X	Form filed by One Rep	orting Person			
AVON LAKE	OH	44012		Form filed by More t Person					
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Stock	03/31/2008		A		1,944	A	\$ <mark>0</mark>	47,343(1)	D			
Common Stock								49,011	Ι	Deferred Comp Plan		
Common Stock								200	Ι	by Spouse		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(13) [11]														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. A distribution of 9,730 shares was made from the Deferred Compensation Plan for Nonemployee Directors (the "Director Plan") in January, 2007. The Director Plan balance was overstated by this amount and the direct holdings were understated by this amount on the four previously filed reports. Another distribution of 9,730 shares was made from the Director Plan in January, 2008. This distribution is reflected by a decrease of 9,730 shares in the Director Plan balance and an increase of 9,730 in the direct holdings in this report.

By: Lisa K. Kunkle, Power of

Attorney For: Carol A.

04/01/2008

<u>Cartwright</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.