FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL							
	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*  GARDA ROBERT A						2. Issuer Name <b>and</b> Ticker or Trading Symbol POLYONE CORP [ POL ]										Relationship of Reporting Person(s) to I     (Check all applicable)     X Director 10%						
(Last) (First) (Middle) POLYONE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2004										Λ		cer (give title		10% Owner Other (specify below)		
33587 WALKER ROAD  (Street)  AVON LAKE OH 44012  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indiv Line) X	Forn Forn	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting terson				
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/L						ction 2A. Deem			ed Date,	3. Transa Code (	ction	4. Securit	or Beneficia s Acquired (A) or f (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Pric	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	12/3	L/2004	/2004						463		A	\$9	0.165	7,020		D						
Common	12/3:	12/31/2004				A		1,099		A	\$9	0.165	28,074			I	Deferred Comp Plan					
Common												14,522			I	by Spouse						
		Та	ble II - I )	Derivat e.g., p	ive S uts, c	ecu calls	uritie s, wa	es A arra	Acqui ınts,	ired, D option	ispo s, co	sed of, onvertib	or E le s	Bene secu	ficia rities	lly O	wned					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		n of r. D S A (// D of (I))	ecuri ecuri cquir A) or vispos f (D) nstr. nd 5)	ative ities red sed 3, 4	6. Date E Expiratio (Month/D	n Date	9	or Num of		of s s g e (Instr. 3 mount r umber	Derri Sec (Ins:	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	C F D O (I	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

By: Wendy C. Shiba, Power of Attorney For: Robert A. Garda

\*\* Signature of Reporting Person

01/03/2005

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.