FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: Estimated average burden 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).

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

1. Name and Address of Reporting Person* DUFFBLOOM GALE (Last) (First) (Middle) POLYONE CENTER 33587 WALKER ROAD					2. Issuer Name and Ticker or Trading Symbol POLYONE CORP [POL] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2006											Relationship of Repor (Check all applicable) X Director Officer (give title below)			ng Person(s) to Issuer 10% Owner Other (specif below)		Owner (specify
(Street) AVON LAKE OH 44012 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						2A. Deemed Execution Date,			3. Trai Coo 8)	sactic e (Inst	4. Securi Disposed 1nstr. 5)			ties Acquired (A) 1 Of (D) (Instr. 3, 4			or and Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock 06/30/						006			A	e V		446		(D) A	\perp	\$8.74		77,979		I	Deferred Comp Plan
Common Stock 06/30.)/2006							1,430		A	\$	8.74	79,409			I	Deferred Comp Plan
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	2. 3. Transaction Conversion Date (Month/Day/Year) Derivative 3. A. Deemed Execution Dat if any (Month/Day/Ye		ed Date, ay/Year)	4. Transaction Code (Instr.		5. N of Deri Sec Acq (A) o	umber vative urities uired or oosed o) tr. 3, 4		Exerc tion Da h/Day/`	cisa ate Yea	able and	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) Amount of Numb of Share		d f nstr. moun	8. F Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (mership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

By: Wendy C. Shiba, Power of

Attorney For: Gale Duff-

07/05/2006

Bloom

** Signature of Reporting Person

Date

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

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.

^{*} 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).