## 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

OMB APPROVAL OMB Number: 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* WALTERMIRE THOMAS A						2. Issuer Name and Ticker or Trading Symbol POLYONE CORP [ POL ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WALIE	RMIRE	THOMAS A			1		0112	001		- ,					X	Direc	tor		10% O	wner		
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2004										Officer (give title below)  CEO and			Other (specify below)  President			
33587 WALKER ROAD																						
(Street) AVON L.			14012 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X							
(City)	(5)	ale) (	<u></u>																			
		Tabl	e I - Non-	-Deriva	ative	Sec	curitie	s Ac	quired,	Disp	osed o	f, or	Bene	eficia	ally O	vne	ed					
Dat			2. Transa Date (Month/E	n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Di Code (Instr. 5)		Securities Acquired (A sposed Of (D) (Instr. 3,			4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)		Price	,  Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 02/1				02/18	3/2004					V	810		D	\$	0	207,384		D				
Common Stock														38,9		8,929	1	[	Savings Plan Trust <sup>(1)</sup>			
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	se (Month/Day/Year) if any (Month/Day/Year) 8)				ransaction ode (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivat Securit (Instr. 5	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or II (I) (I	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber res								

## **Explanation of Responses:**

1. The information in this report is based on a PolyOne Retirement Savings Plan statement dated as of December 31, 2003.

By: Wendy C. Shiba, Power of

03/04/2004 Attorney For: Thomas A.

**Waltermire** 

\*\* 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.