FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL

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*  PATIENT WILLIAM F						2. Issuer Name and Ticker or Trading Symbol POLYONE CORP [ POL ]									Relationship of Reporting F (Check all applicable)     N  Director				Person(s) to Issuer  10% Owner	
	(Fi NE CENTE) ALKER RO	R	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004										Offic belov	er (give title w)		Other ( below)	(specify
(Street) AVON L (City)	AKE OI		44012 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	Forn	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting ion			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			2. Transaction Date (Month/Day/Year)		ar)   I	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Di		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			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			action(s) 3 and 4)			(Instr. 4)
Common	Stock	06/30/2004 A 574 A \$7.4 1,222 D						D												
Common	Stock																200		I	by Spouse's Trust <sup>(1)</sup>
Common	Common Stock															60,275			I	by Trust <sup>(2)</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)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)					ransaction Code (Instr.		5. Number 6 of E		Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ice of vative urity r. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration	Title	or Nun of Sha							

## **Explanation of Responses:**

- 1. These shares are held in the Bonnie L. Patient Revocable Trust
- 2. By William F. Patient Revocable Trust

By: Wendy C. Shiba, Power of Attorney For: William F.

**OWNERSHIP** 

**Patient** 

07/01/2004

\*\* 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.