FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| 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

| | | | | | _ | | . , | | | | inpurity Act | | | _ | | | | | | | |
|---|--|----------|------|------|---|--|-----|--------|--|--------------------------------------|--------------|---|--|---|---|---|---|---|------------------|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Kedrowski Thomas J</u> | | | | | PC | POLYONE CORP [POL] | | | | | | | | | | Direc | | | 0% O | wner | |
| | | | | | | | | | | | | | | | | | er (give title | | | specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | belov | , | | elow) | | |
| POLYONE CENTER | | | | | | 02/29/2008 | | | | | | | | | Sr VP Operations | | | | | | |
| 33587 WALKER ROAD | | | | | | | | | | | | | | | | | | | | | |
| | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) | _ | | _ | _ | | |
| AVON LAKE OH 44012 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) (| Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | Execution | | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se | | Securities Beneficially Owned Following | | nip ct ect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock 02/29/ | | | | | | 3 | | | P | | 20,00 | 0 | A \$6.5 | | 75,000 | | D | | | | |
| | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | ode V (A) (D) | | | | Expiration Date | | | nber res | | | | | | | | | |

Explanation of Responses:

By: Lisa K. Kunkle, Power of

Attorney For: Thomas J.

03/03/2008

<u>Kedrowski</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.