\square

1. Name

(Street)

(City)

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). |
| |

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | ourden |
| | |

| Instruction 1(b) |). | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 |)34 |
|--|-----|---------|--|---|
| 1. Name and Addr DECKER S | 1 0 | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>YAHOO INC</u> [YHOO] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify |
| (Last) (First) (Middle) C/O YAHOO! INC. 701 FIRST AVENUE (Street) SUNNYVALE CA 94089 | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2007 | A below) President |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
|--|--|---|---|---|--------|---------------|---------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 08/07/2007 | | Р | | 5,000 | Α | \$23.4 | 382,676 | D | |
| Common Stock | 08/08/2007 | | Р | | 5,300 | A | \$23.62 | 387,976 | D | |
| Common Stock | 08/08/2007 | | Р | | 1,700 | A | \$23.61 | 389,676 | D | |
| Common Stock | 08/08/2007 | | Р | | 20,000 | A | \$23.65 | 409,676 | D | |
| Common Stock | 08/08/2007 | | Р | | 10,000 | A | \$23.68 | 419,676 | D | |
| Common Stock | 08/08/2007 | | Р | | 5,000 | A | \$23.4 | 424,676 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | Expiration Date (Month/Day/Year) | | piration Date Amount of onth/Day/Year) Securities Underlying Derivative | | Derivative Day/Year) Amount of Securities Underlying Derivative Security Underlying Derivative Security Underlying Derivative Security Underlying Derivative Securities Underlying Derivative Security Owned Following Reported | | derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|-------------------------------------|--------------------|--|--|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

/s/ Susan L. Decker

08/09/2007

** Signature of Reporting Person Date

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

 \ast 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.

Person

| OMB Number: | 3235-0287 |
|-------------------------|---|
| Estimated average burde | en |
| hours per response: | 0.5 |
| | OMB Number: Estimated average burde hours per response: |