FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
OMB Number:	3235-0104			
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

Name and Address of Reporting Person*     Thompson Scott	2. Date of Event Requiring Statement (Month/Day/Year) 01/09/2012	3. Issuer Name and Ticker or Trading Symbol  YAHOO INC [ YHOO ]						
(Last) (First) (Middle) YAHOO! INC.		Relationship of Reporting Pers (Check all applicable)     X Director	son(s) to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)				
701 FIRST AVENUE		X Officer (give title below)	Other (specify below)	6. Individual or Joint Applicable Line)	/Group Filing (Check			
(Street)	Chief Executive	Officer	X Form filed by One Reporting Person					
SUNNYVALE CA 94089				Form filed by Reporting P	y More than One erson			
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial Ownership (Instr. 5)		Beneficial Ownership				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable Expiration Date (Month/Day/Year)	and 3. Title and Amount of Secur Underlying Derivative Securi	ity (Instr. 4) Conve	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Expi Exercisable Date	ration Title	Amount or Number of Shares	ative or Indirect				

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Scott Thompson</u> <u>01/19/2012</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 5 (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.