FORM 4

__Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Filed By Romeo and Dye's Section 16 Filer www.section16.net

1. Name and Address of Reporting Person*					r Name and Ticker or T CORPORATION (IN	0,	mbol	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SHAW, JANE E.								X Director	10% Ow				
(Last) (First) (Middle)			of R	of Reporting Person,			tement for h/Day/Year 0 3	Officer (give title below) _ Other (specify below)					
1 LARCH DRIVI	E												
(Street)						Date	Amendment, of Original	 7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
ATHERTON, CA 94027						(Mon	th/Day/Year)						
(City)	(State)	(Zip)			Table I — No	on-Deriva	ative Securitie	es Acquired, Disposed of, or Beneficially Owned					
1. Title of Security	2. Trans-	2A. Deemed	3. Trans-	-	4. Securities Acquired	(A) or Di	sposed of (D)	5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3)	action	Execution	action C	n Code (Instr. 3, 4 & 5) r. 8)				Securities	ship Form:	Beneficial Ownership			
	Date	Date,	(Instr. 8)					Beneficially	Direct (D)	(Instr. 4)			
	(Month/ Day/ Year)	(Month/Day/	Code	V	Amount	(A) or	Price	Owned Follow- ing Reported Transactions(s)	or Indirect (I) (Instr. 4)				
		(Year)				(D)		(Instr. 3 & 4)	ľ í				
COMMON								148,448 ⁽¹⁾	I	FAMILY TRUST			
COMMON		Year)						(Instr. 3 & 4)	, í	FAMILY TRUS			

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).

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 control number

FORM 4 (continued)Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conver-	3.	3A.	4.		5. Number of Derivative		6. Date		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Deemed	Trans	-	Securities Acquire	Exercis	able	Underlying Securities		Derivative	Derivative	Owner-	of Indirect	
Security	Exercise	action	Execution	action	1	Disposed of (D)		and Exp	oiration	(Instr. 3 & 4	-)	Security	Securities	ship	Beneficial
	Price of	Date	Date,	Code				Date				(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative		if any			(Instr. 3, 4 & 5)		(Month/D Year)	ay/				Owned	of	(Instr. 4)
	Security		onth/ (Month/ (Inst				real)					Following	Deriv-		
		Day/ Day/ Year) Year)		8)								l !	Reported	ative	
			Í										Transaction(s)	Security:	
													(Instr. 4)	Direct	
					_									(D)	
				Code	V	(A)	(D)	Date	Expira-		Amount or			or	
								Exer-	tion		Number of			Indirect	
								cisable	Date		Shares			(I)	
														(Instr. 4)	
Option					Π					COM.STK			140,000	D	
(right to															
buy)															
Phantom	1 for 1	(2)		A	Π	1,136		(2)	(2)	COM.STK	1,136		6,554	D	
Share															
Units <mark>(2)</mark>															

Explanation of Responses:

(1) Includes 33.143 shares acquired under the Intel Corporation Dividend Reinvestment Plan between January and March 2003.

(2) The phantom share units were acquired under the Intel Corporation Deferral Plan for Outside Directors on 3/31/03 at a price of \$16.28.

By: /s/ JANE E. SHAW

<u>4/2/03</u> Date

**Signature of Reporting Person

**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.