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

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

OMB APPROVAL
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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses	5)										
1. Name and Address of YOFFIE DAVID B	2. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) HARVARD BUSIN HALL 215, SOLDI	3. Date of Earliest Transaction (Month/Day/Year) 10/31/2007							her (specify below	v)		
BOSTON, MA 021	(Street)	4. If Amendment, Date 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 Person			
(City)	(State)	(Zip)	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)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
COMMON		10/31/2007		М		20,000	А	\$ 19.4845	164,806	D	
COMMON 10/31/2007				S		1,100	D	\$ 26.52	163,706	D	
COMMON 10/31/2007				S		18,900	D	\$ 26.51	144,806	D	

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

Persons who respond to the collection of information contained in SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	umber of	6. Date Exercis	sable and	7. Title and Au	mount of	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Deri	vative	e Expiration Date		Underlying Securities Derivati		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Secu	irities	(Month/Day/Year)		(Instr. 3 and 4)		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)			uired (A)			(		(Instr. 5)	2	Derivative	
	Derivative						isposed							2	(Instr. 4)
	Security					of (I	· ·						0	Direct (D)	
							r. 3, 4,					1	or Indirect		
						and	5)						Transaction(s)	5 Z	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
									Date	Title	Number				
				<b>C</b> 1	<b>X</b> 7	<i>(</i> <b>)</b>					of				
				Code	v	(A)	(D)				Shares				
Employee	\$														
(right to	19.4845	10/31/2007		Μ			20,000	05/20/1999	05/20/2008	COM.STK	20,000	\$ 0	109,000 (1)	D	
buy)	17.4045														

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
YOFFIE DAVID B HARVARD BUSINESS SCHOOL MORGAN HALL 215, SOLDIERS FIELD PARK RE BOSTON, MA 02163	X				

### **Signatures**

DAVID B. YOFFIE	11/01/2007					
**Signature of Reporting Person	Date					

# **Explanation of Responses:**

\* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.