

(Print or Type Responses)

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

OMB APPRO	OVAL			
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#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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     Melamed Arthur Douglas	Statemen	2. Date of Event Requiring Statement (Month/Day/Year)  11/19/2009		3. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC]			
2200 MISSION COLLEGE BLVD	iddle)			4. Relationship of Issuer	1 0	` /	endment, Date Original th/Day/Year)
(Street) SANTA CLARA, CA 95054				$\frac{\text{(Check all applicable)}}{\sum\limits_{\substack{\text{Director} \\ \text{below)}}} \text{Officer (give title } \frac{\text{10\% Owner}}{\sum\limits_{\text{below)}} \text{Other (specify below)}}$ Sr VP, General Counsel		cify Applicable I	lual or Joint/Group Filing(Check Line) lled by One Reporting Person led by More than One Reporting Person
(City) (State) (2	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 Indire (Instr. 5)	ct Beneficial Ownership
No Securities Are Beneficially Owned			0		D		
unless the for	h class of securities respond to the co m displays a cur Derivative Securitie	ollection or rently vali	of information d OMB contr	n contained in th			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisand Expiration (Month/Day/Year)		on Date		amount of Securitie Derivative Security	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title Amoun Shares	at or Number of	Security	(D) or Indirect (I) (Instr. 5)	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Melamed Arthur Douglas 2200 MISSION COLLEGE BLVD. SANTA CLARA, CA 95054			Sr VP, General Counsel		

#### **Signatures**

/s/ A. Douglas Melamed	11/19/2009	
**Signature of Reporting Person	Date	

## **Explanation of Responses:**

- \* 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.

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.