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

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STATEMENT OF CHANGES IN 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

(Print or Type Respons	es)											
1. Name and Address PLUMMER JAM	2. Issuer Name a INTEL CORP		or T	rading Syn	mbol	:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) CISX ROOM 330 MALL, STANFO			3. Date of Earliest 01/20/2015	t Transactio	on (N	1onth/Day	/Year)	ear)Officer (give title below)Other (specify below)				
STANFORD, CA	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 Date2A. Deemed Execution Date, if (Month/Day/Year)3. Transaction Code4. Securities A (A) or Dispose (Instr. 8)2. Transaction (Month/Day/Year)2A. Deemed Execution Date, if any (Instr. 8)3. Transaction (A) or Dispose (Instr. 8)		ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial				
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Inst. 5 and 4)	× /	Ownership (Instr. 4)	
Common Stock		01/20/2015		S		9,729	D	\$ 35.8523 (<u>1</u>)	12,367	D		
Common Stock									27,835	Ι	By Family Trust	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in 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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Num	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	vative			Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities	es		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo							Transaction(s)	< / .	
						of (D	/						(Instr. 4)	(Instr. 4)	
						(Instr	· ·								
						4, and	d 5)	5)							
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								LACICISAUIC	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PLUMMER JAMES D CISX ROOM 330 VIA PALOU MALL STANFORD UNIVERSITY STANFORD, CA 94305	Х						

Signatures

**Signature of Reporting Person

01/21/2015

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. 78 ff(a).
- This transaction was executed in multiple trades at prices ranging from \$35.847 to \$35.857. The price reported above reflects the weighted average sale price. The reporting (1) person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.