FORM 4	
Check this box if no	

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 Estimated average burden hours per response... 0.5

#### 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 Responses)										
1. Name and Address of Reporting Person – PEARSON GREGORY R	2. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) Sr. VP, GM, Sales & Mktg Grp			
(Last) (First) C/O INTEL CORPORATION, 2200 COLLEGE BLVD.	3. Date of Earliest Transaction (Month/Day/Year) 10/21/2015									
(Street) SANTA CLARA, CA 95054	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)	3. Transaction Code (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)	Ownership Form:	7. Nature of Indirect Beneficial Ownership
		(Wolth/Day/Tear)	Code	v	Amount	(A) or (D)	Price	(IIISU, 5 and 4)	· · · ·	(Instr. 4)
Common Stock	10/21/2015		М		2,596 ( <u>1)</u>	A	\$0	77,458	D	
Common Stock	10/21/2015		F		1,090 ( <u>2)</u> .	D	\$ 33.685	76,368	D	
Common Stock								95.426 <u>(3)</u>	I	By Employee Benefit Plan 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 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 (e.g., puts calls warrants options convertible securities)

ve Ownership of s Form of Be ally Derivative Ow	Beneficial
s Form of Be Derivative Ov Security: (In	Beneficial Ownership
ally Derivative Ov Security: (In	Ownership
Security: (In	*
	Instr. 4)
g Direct (D)	
or Indirect	
on(s) (I)	
(Instr. 4)	
59 D	
eti 4)	ction(s) (I)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
PEARSON GREGORY R C/O INTEL CORPORATION 2200 MISSION COLLEGE BLVD. SANTA CLARA, CA 95054			Sr. VP, GM, Sales & Mktg Grp					

## Signatures

Signature of Reporting Person

10/22/2015 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. 78ff(a).
- (1) Shares acquired on the vesting of restricted stock units.
- (2) Shares withheld for payment of tax liability.
- (3) Includes .812 shares acquired via dividend reinvestment in September 2015.
- (4) Each restricted stock unit represents the right to receive, following vesting, one share of Intel Corporation common stock.
- Unless earlier forfeited under the terms of the RSU, 1/12th of the awards vest and convert into common stock in twelve substantially equal quarterly tranches, beginning on January 21, 2015. (5) Unless earlier fortened under the terms of the Roo, in 24, of the next business date shall apply.

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.