## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person \*

(Print or Type Responses)

POTTRUCK DAVID S

#### 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

2. Issuer Name and Ticker or Trading Symbol

INTEL CORP [INTC]

| (Last) (First) (Middle)                             |   |  |   | 3. Date of Earliest Transaction (Month/Day/Year)     |  |      |   |  |               |            |  |          | Offi  | cer (give title be                     | elow)   | Other (specify   | pelow)  |  |
|---|---|--|---|--|--|------|---|--|---------------|------------|--|----------|---|--|---|--|---|--|
| C/O REI   | EAGLE   | VÈNTURES<br>SUITE 1150                 |   |  | 7/2017                                   |      | t 11ai  | isactic  | лг (тчтс      | )IIII/ 15u | iy/ Tee                                  | ui )     |   |  |   |  |   |  |
| (Street)  |   |  |   | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |      |   |  |               |            |  | /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 |  |   |  |   |  |
| SAN FRANCISCO, CA 94105 (City) (State) (Zip)        |   |  |   |  | Table I - Non-Derivative Securities Acqu |      |   |  |               |            |  |          |   |  |   |  |   |  |
|   |   |  | l   |  |  |      |   |  |               | ı          |  |          |   |  | <u>*                                     </u>         | •  |   |  |
| 1.Title of Security<br>(Instr. 3)                   |   | 2. Transaction Date (Month/Day/Year)   | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |  | (Instr. 8)                               |      | ction   | 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) |               |            | of (D)                                   | Benefici | ount of Securities cially Owned Following ed Transaction(s) B and 4)  |  | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect | Beneficial<br>Ownership  |   |  |
|   |   |  |   |  |  |      | Code  |  | V             | Amou       | nt (A) or (D)                            | -        | Price   |  |   |  | (I)<br>(Instr. 4)   | (Instr. 4)                                   |
| Common  | Stock   |  | 11/17/2017  |  |  |      |   | G  | V             | 8,150      | 0 D                                      | )        | \$ 0  | 95,852                                 |   |  | D   |  |
| Common  | Stock   |  |   |  |  |      |   |  |               |            |  |          |   | 8,400                                  |   |  | I   | By<br>Annuity<br>Trust (1)<br>for<br>Brother |
| Common  | Stock   |  |   |  |  |      |   |  |               |            |  |          |   | 5,000                                  |   |  | I   | By<br>Annuity<br>Trust (2)<br>for<br>Brother |
| Common Stock  |   |  |   |  |  |      |   |  |               |            |  |          | 800   |  |   | I  | By<br>Daughter  |  |
| Reminder:   | Report on a s   | separate line for                      | each class of securi  | ties ber   | neficiall                                | y ow | vned  | directl  | Pers          | ons wa     | ho ro<br>in th                           | is for   | m are   | not req                                | uired to re   | formation<br>espond unle   | ss  | 1474 (9-02)                                  |
|   |   |  | Table II -  |  |  |      |   | -  | red, D        | ispose     | d of, o                                  | or Ber   | ıeficia   | lly Owne                               |   |  |   |  |
| 4 500 0   |   | la =                                   | Ta. 5 1   | \ <u>U / I</u>                                       | outs, ca                                 |      |   | ints, o  | •             |            |  |          | T   |  |   | 0.37 1   | 140   | 144.37                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Y | 3A. Deemed<br>Execution Dat<br>any<br>(Month/Day/Y          | e, if T  | Transaction 1<br>Code<br>(Instr. 8)      |      | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |  | and E         | xpirati    | e Exercisable xpiration Date h/Day/Year) |          | Amor<br>Unde<br>Secur   | . 3 and                                | Derivative<br>Security<br>(Instr. 5)                  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ownershi<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | Beneficial<br>Ownershi<br>(Instr. 4)         |
|   |   |  |   |  | Code                                     | V    | (A)   | (D)  | Date<br>Exerc | eisable    |  | ration   | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |   |  |

### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer | Other |  |  |  |
| POTTRUCK DAVID S               | X             |           |         |       |  |  |  |

### **Explanation of Responses:**

/s/ Brian Petirs, attorney-in-fact

\*\*Signature of Reporting Person

- \* 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).

11/21/2017

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.