FORM 4

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

OMB APPROVAL

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Estimated average burden
hours per response... 0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

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

| 1. Name and Address of Reporting Person *- McBride Kevin Thomas | | | | 2. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|--|---|---------|------------|-------|--|---|--------------------------------|---|--|--|---|---|-------------|
| C/O INTEL CORPORATION, 2200 MISSION COLLEGE BLVD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2020 | | | | | | | X_Officer (give title below)Other (specify below) VP Finance, Corp. Controller | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | | nired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Yo | ate, if | (Instr. 8) | | etion | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Following (I) | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | , 1001) | | ode | V | Amour | (A) or (D) | Price | (IIIIII 3 | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | 09/21/2020 | | | | S | | 4,400 (1) | D | \$ 49.28 | 14,214 | L | | D | | |
| | | | Table II - | - Derivative (| | | cquir | cont the f | ained i form di Disposed | n this f splays of, or B | orm ar a curre | e not rec ently vali ally Owne | quired to re d OMB co | nformation espond unles ntrol number | s | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yea | | 4. Transaction Code | | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ti Amo Und Secu | tle and ount of erlying trities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | (A) | | Date Exerc | | Expiratio Date | On Title | Amount or Number of Shares | | | | |

Reporting Owners

| Poporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| McBride Kevin Thomas C/O INTEL CORPORATION 2200 MISSION COLLEGE BLVD SANTA CLARA, CA 95054 | | | VP Finance, Corp. Controller | | | | | |

Signatures

| /s/ Alex Shukhman, attorney-in-fact | 09/21/2020 | | |
|-------------------------------------|------------|--|--|
| **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).
- (1) This transaction was made pursuant to trading instructions adopted by the reporting person on August 21, 2020 that are intended to comply with Rule 10b5-1(c).

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.