FORM	4
Check this box i	fno

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 APPROV	/AL
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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 Response	s)												
1. Name and Address of Reporting Person - BRYANT ANDY D			2. Issuer Name and INTEL CORP [I		Tradii	ng Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) INTEL CORPORA COLLEGE BLVD	3. Date of Earliest Transaction (Month/Day/Year) 07/21/2005						Officer (give title below)Other (specify below) EXECUTIVE VICE PRESIDENT, CFO						
SANTA CLARA, (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 Acqui						ired, 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)	(Instr. 8) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Indirect Form: Beneficia Direct (D) Ownersh						
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
COMMON		07/21/2005		М		400,000	А	\$ 7.56	545,061	D			
COMMON		07/21/2005		S		360,000	D	\$ 27.1	185,061	D			
COMMON									1,600	Ι	By Son (<u>1)</u>		
COMMON									1,000	Ι	By Daughter (1).		
COMMON									2,403	Ι	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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Number of			6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	ion Derivative		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Secu	irities	(Month/Day/Year) Underlying			ying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)			Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Disposed of				(Instr. 3 and 4)			Owned	-	(Instr. 4)
	Security					(D)					0	Direct (D)			
						(Instr. 3, 4,					*	or Indirect			
						and 5)						Transaction(s)	< / <		
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	Title	or				
								Exercisable	Date	THE	Number				
				Code	V	(A)	(D)				of Shares				
Employee															
Option		05/01/0005					100 000	00/06/0000	00/06/0005	CMN	400,000	.		D	
(right to	\$ 7.56	07/21/2005		М			400,000	09/26/2000	09/26/2005	STK.	400,000	\$ 0	2,366,556	D	
buy)															

Reporting Owners

Beneuting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BRYANT ANDY D INTEL CORPORATION 2200 MISSION COLLEGE BLVD. SANTA CLARA, CA 95052			EXECUTIVE VICE PRESIDENT, CFO					

Signatures

ANDY D. BRYANT

Signature of Reporting Person

07/22/2005 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) I disclaim beneficial ownership of these shares.

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.