

(Print or Type Responses)

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

OMB APPROVAL				
OMB Number: 3235-	0104			
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nours per response	0.5			

INITIAL STATEMENT OF 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 * BARTZ CAROL		Staten	2. Date of Event Requiring Statement (Month/Day/Year) -01/16/2008			3. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC]			
AUTODESK, INC., 111 MCINNIS PARKWAY			101/10/2008		Issuer (Check	(Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)	
SAN RAFAEL,	(Street) CA 94903					_X_ Director		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 Beneficially Owned						
1. Title of Security (Instr. 4)			В	Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
COMMON			6.	,766		I	BY FAMILY T	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. SEC 1473 (7-02)									
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative (Instr. 4)	an				3. Title and Amount of Securitic Underlying Derivative Security (Instr. 4)		5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisab	Expiration le Date	Title Amo	ount or Number of res	Security	(D) or Indirect (I) (Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships			
Reporting Owner Name / Address		10% Owner	Officer	Other
BARTZ CAROL AUTODESK, INC. 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903	X			

Signatures

CAROL A. BARTZ	01/16/2008		
**Signature of Reporting Person		Date	

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.