

(Print or Type Responses)

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

OMB APPROVAL				
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Estimated average burden				
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 * BHUSRI ANEEL	Statement (Month/Day/Year) 06/20/2014			3. Issuer Name and Ticker or Trading Symbol INTEL CORP [INTC]				
C/O INTEL CORPORATION, 2200 MISSION COLLEGE BLVD. RN4-151			Issuer (Check	(Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) SANTA CLARA, CA 95054			_X_ Director Officer (give titlebelow)	leOther (spe below)	6. Individ	dual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock		0		D				
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)					5. Ownership Form of Derivative Security: Direc	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expira Exercisable Date	Title 1	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)			
Reporting Owners								

Reporting Owner Name / Address		Relationships				
		10% Owner	Officer	Other		
BHUSRI ANEEL C/O INTEL CORPORATION 2200 MISSION COLLEGE BLVD. RN4-151 SANTA CLARA, CA 95054	X					

## **Signatures**

/s/ Aneel Bhusri		06/23/2014		
**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.