**GROVE ANDREW S** Form 4 April 24, 2003

## FORM 4

\_ 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 APPROVAL**

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed By Romeo and Dye's Section 16 Filer www.section16.net

1. Name and Ao GROVE, AND			Name and			Person( to Issue	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) INTEL CORP 2200 MISSION	of Re	por	Identificat ting Person ty (volunta	1,	ımber	4. Statement for Month/Day/Year 4/22/03	10% Ov X Office Other (s	X Director 10% Owner X Officer (give title below) Other (specify below)		
							BOAR	CHAIRMAN OF THE BOARD		
SANTA CLAF						5. If Amendment, Date of Original (Month/Day/Year)	(Check X Form Person Form	ndividual or Joint/Group Filing leck Applicable Line) Form filed by One Reporting son Form filed by More than One porting Person		
(City		Ta	ible I No	on-De	rivative		isposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	Title of 2. Trans- 2A. Deemed ecurity action Execution nstr. 3) Date Date,		3. Tran action Code (Instr. 8	s-	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 & 5)			5. Amount of Securities	6. Owner- ship Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Day/ Year)	(Month/Day/ Year)	Code	V	Amount	(A) or (D)		ing Reported Transactions(s) (Instr. 3 & 4)	(I) (Instr. 4)	
COMMON								7,702,769	I	TRUST FOR SELF/SPOUSE(1)
COMMON								20	D	
COMMON								3,015	I	(2)

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

# **FORM 4 (continued)** Table II - Derivative Securities Acquired, Disposed of, or Beneficially

(e.g., puts, calls, warrants, options, convertible securities)

			0/1			<u> </u>					
1. Title of	2. Conver-	3.	3A.	4.	5. Number	6. Date Exercisable	7. Title and Amount	8. Price of	9. Number of	10.	11. Natu
Derivative	sion or	Trans-	Deemed	Trans-	of	and Expiration	of Underlying	Derivative	Derivative	Owner-	of Indire

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

### Edgar Filing: GROVE ANDREW S - Form 4

Security (Instr. 3)	Price of Derivative Security	Date (Month/ Day/	Execution Date, if any (Month/ Day/ Year)	action Code (Instr. 8)	e Securities Acquired		Date (Month/Day/ Year)		Securities (Instr. 3 & 4)		Security (Instr. 5)	Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form	Benefici Ownersł (Instr. 4)
				Code V	(A)	(D)	Exer-cisable	Expira- tion Date	Title	Amount or Number of Shares			(I) (Instr. 4)	
Employee Stock Option (right to buy)	\$18.63	4/22/03		A	25,000		4/22/04	4/22/13	COM.STK	25,000				
Employee Stock Option (right to buy)	\$18.63	4/22/03		A	25,000		4/22/05	4/22/13	COM STK	25,000				
Employee Stock Option (right to buy)	\$18.63	4/22/03		A	25,000		4/22/06	4/22/13	COM STK	25,000				
Employee Stock Option (right to buy)	\$18.63	4/22/03		A	25,000		4/22/07	4/22/13	COM STK	25,000		4,020,696	D	

Explanation of Responses:

(1) INCLUDES 1,352 SHARES ACQUIRED UNDER THE INTEL CORPORATION STOCK PARTICIPATION PLAN DURING FEBRUARY, 2003.

(2) BY EMPLOYEE BENEFIT PLAN TRUST.

By: /s/ ANDREW S. GROVE 4/24/03
Date

\*\*Signature of Reporting Person

\*\*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.

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 Number.