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OTELLINI PAUL S

Form 4

January 21, 2003

FORM 4

_ Check this box if no longer subject to Section

obligations may continue.

16. Form 4 or Form 5

See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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 & Dye's Instant Form 4 Filer www.section16.net

1. Name and Address of Reporting Person*					Vame and ORPORA			6. Relationship of Reporting Person(s) to Jesuer (Check all applicable)				
OTELLINI, PAUL S. (Last) (First) (Middle) INTEL CORPORATION 2200 MISSION COLLEGE BLVD.				porti	dentification ng Person, y (voluntar	,		4. Statement for Month/Day/Year I/17/03	to Issuer (Check all applicable) X Director 10% Owner X Officer (give title below) Other (specify below) PRESIDENT and CHIEF OPERATING OFFICER			
(Street) SANTA CLARA, CA 95052]	5. If Amendment, Date of Original (Month/Day/Year)	7. Individual or Joint/Group Filin (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City	y) (State)	(Zip)		Tab	ole I Noi	1-Der	ivative S	Securities Acquired, Dis	Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	2A. Deemed Execution Date, if any (Month/Day/ Year)	3. Trans- action (A) or Disposed of (D) Code (Instr. 3, 4 & 5) Code V Amount (A) Price					5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions(s)	6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
COMMON	1/17/03	<u> </u>	M		500,000	(D) A	\$3.41	(Instr. 3 & 4)				
COMMON	1/1//03		171		500,000	А	φυ1					
COMMON	1/17/03		S		50,000	D	\$16.64	1				
COMMON	1/17/03		S		50,000	D	\$16.52	2				
COMMON	1/17/03		S		75,000	D	\$16.41	l				
COMMON	1/17/03		S		50,000	D	\$16.40)				
COMMON	1/17/03		S		100,000	D	\$16.38	3				
COMMON	1/17/03		S		75,000	D	\$16.42	2 488,787	D			
COMMON								2,609	I	(1)		

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COMMON				1,282	I	(2)
COMMON				700		BY SELF FOR DAUGHTER

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 Owned

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

		L	L .	I .					L					
	2. Conver-		3A.	4.			Date Exercisable							11. Nat
Derivative	sion or	Trans-	Deemed	Trans-	of		and Expiration		of Underlying			Derivative		of Indii
Security	Exercise	action	Execution	action	Der	ivative	Date		Securities		Security	Securities	ship	Benefic
	Price of	Date	Date,	Code	Sec	urities	(Month/Day/		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Owners
(Instr. 3)	Derivative		if any		Acq	uired	Year)					Owned	of Deriv-	(Instr. 4
	Security	(Month/	(Month/	(Instr.	(A)	or						Following	ative	
		Day/	Day/	8)	Dis	osed of						Reported	Security:	
		Year)	Year)		(D)							Transaction(s)	Direct	
												(Instr. 4)	(D)	
					(Ins	tr. 3, 4						(111341. 4)	or	
					& 5								Indirect	
				C + V	_		D 4	ь.	TP: 41				(I)	
				Code V	(A)			Expira-	Title	Amount			(Instr. 4)	
							Exer-cisable	tion		or			(
								Date		Number				
										of				
										Shares				
Employee	\$3.41	1/17/03		M		20,000	7/13/98	7/13/03	COM.STK	20,000				
Stock														
Option														
(right to														
buy)														
Employee	\$3,41	1/17/03		M		480,000	7/13/99	7/13/03	COM.STK	480,000		2,945,586	D	
Stock	40112	2,2,,00		112		100,000	,,10,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001.10111	100,000				
Option														
(right to														
_														
buy)														

Explanation of Responses:

(1) BY EMPLOYEE BENEFIT PLAN TRUST.

(2) BY EMPLOYEE BENEFIT PLAN TRUST (SPOUSE).

By: /s/ PAUL S. OTELLINI

<u>1/17/03</u>

Date

**Signature of Reporting Person

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.

^{*} 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).