FORM 4

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHAN
Section 16. Form 4 or Form 5	
obligations may continue. See	

IGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Sweeney Joseph J</u>					2. Issuer Name and Ticker or Trading Symbol APPLIED MATERIALS INC /DE [AMAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	LIED MA	First) FERIALS, INC. 050 BOWERS A	(Middle)	268		3. Date of Earliest Transaction (Month/Day/Year) 09/19/2011									below)	Officer (give title below) Other (specify below) Sr. VP, GC & Corp. Secretary				
(Street)	CLARA C	A.	95054 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					saction	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trans	action	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			(A) or	5. Amou Securitie Benefici Owned I	nt of es ally Following	Form:	Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(<i>A</i>	A) or D)	Price	Reporte Transac (Instr. 3	ction(s)		10	(Instr. 4)	
Common Stock 0				09/1	19/2011				M		50,00	50,000 A		\$8.58	463,195(1)			D		
Common Stock			09/1	.9/2011				S		50,00	0	D	\$11.19	413,195(1)			D			
Common Stock														13,373.322(2)			I 4	By the 401(k) Plan		
			Table II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Date, Transa Code (6. Date Expirati (Month/	on Dat		of Sec Under	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e (C s F ally C g (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares						
Employee Stock Option (Right to	\$8.58	09/19/2011			M			50,000	(3)		03/09/2014	Comm		50,000	\$0	250,00	00	D		

Explanation of Responses:

- 1. Increased number of shares reflects periodic payroll acquisitions under Employees' Stock Purchase Plan that are exempt under Rule 16a-10 and 16b-3. Number of shares includes 304,375 performance shares (restricted stock units) previously reported that in the future will be converted on a one-for-one basis into shares of Applied Materials, Inc. common stock upon vesting, which vesting is scheduled to occur as follows: (a) 56,875 shares are scheduled to vest in installments during each December of 2011 through 2013; and (b) provided specified performance goals are achieved, 247,500 shares will be scheduled to vest in installments during each December of 2011 through 2014 (all vesting is subject to continued employment through each vest date).
- 2. Increased number of shares reflects dividend reinvestment under the 401(k) Plan that is exempt under Rule 16b-3.
- 3. 100,000 shares became exercisable on 4/1/2011 and 200,000 shares are scheduled to become exercisable on 4/1/2012 (subject to continued employment through the vest date).

09/21/2011 /s/ Joseph J. Sweeney

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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.