FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Durn Daniel (f			Date of Event equiring Staten Month/Day/Year 8/07/2017	quiring Statement onth/Day/Year) APPLIED MATERIALS INC /DE [AMAT]								
	(First) MATERIALS S AV, M/S 126	·			4. Relationship of Reporting Person (Check all applicable)		ersor	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
58039							/P			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) SANTA CLARA	CA	95052-8039									Form filed by Reporting Po	y More than One erson
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						0		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
, , , , , , , , , , , , , , , , , , , ,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi					cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	e		Amount or Number of Shares	Derivati Security	ve	or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Harpreet S. Bal, Attorney-

** Signature of Reporting Person

in-Fact

08/11/2017

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 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.

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.