FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

											<u> </u>									
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol APPLIED MATERIALS INC /DE [ AMAT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
READ CHARLES				AFFLIED MAIERIALS INC/DE [ AMAI ]								1   ,		Direc	* * *		10% O	wner		
-														4	X	Office	er (give title		Other (	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)											. VP, Corp.		, ,	
C/O APPLIED MATERIALS, INC.				01/01/2019										Corp	. v1, Corp.	Contin	CC C	10		
3050 BOWERS AV. P.O. BOX 58039, M/S 1268																				
2000 20 ((210 11) 110 (2011 2003), 1140 1200				4. If Amendment, Date of Original Filed (Month/Day/Year)									6	6. Individual or Joint/Group Filing (Check Applicable						
(Stroot)							,		3			, .	,		ine)			3 ( -		
(Street) SANTA CLARA CA 95052-8039													X	Form filed by One Reporting Person				on		
SANTA CLARA CA 95052-6059			39												Form filed by More than One Reporting					
																Pers	on			
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Noi	n-Deriva	ative S	ecu	ritie	s Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			4 and So		Beneficially		ship rect lirect 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Transa	action(s) 3 and 4)			(111511.4)
Common Stock 01/01/				/2019			F		5,498(1)		(1) <b>D</b> \$		.74	77,866(2)		D				
		Та	ble II - I	Derivati	ve Sec	urit	ies /	Acaui	red. D	ispo	sed of,	or E	3enefi	ciall	v Ov	/ned				
											onvertib				,					
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/Day	Date, Transact				ative ities red sed	6. Date Exercisable a Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Direct or Ind (I) (Ins	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
									Date .		Expiration		or	ount mber						

## **Explanation of Responses:**

- 1. Represents number of shares that was automatically withheld upon vesting of restricted stock units to cover tax withholding obligations in a transaction exempt under Rule 16b-3.
- 2. Number of shares includes 30,399 restricted stock units previously reported that in the future will be converted on a one-for-one basis into shares of Applied Materials common stock upon vesting, which vesting is scheduled to occur in installments in January of 2020 through 2023 (all vesting is subject to continued employment through each applicable vest date).

/s/ To-Anh Nguyen, Attorney-

01/03/2019

<u>in-Fact</u>\*\* 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.