FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Little Teri A.						2. Issuer Name and Ticker or Trading Symbol APPLIED MATERIALS INC /DE [AMAT]								(Chec	ationship of Reportin k all applicable) Director Officer (give title below) SVP,		10% C		
(Last) (First) (Middle) C/O APPLIED MATERIALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 07/07/2023								X				below)	
3050 BOWERS AV. P.O. BOX 58039, M/S 1268					4. If Amendment, Date of Original Filed (Month/Day/Year)								, I	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SANTA CLARA CA 95052-8039				8039										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	osed of	, or E	Benefi	ciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			Oate,	Transaction Disposed Code (Instr. and 5)		ties Acquired (<i>i</i> I Of (D) (Instr. 3				cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A) or (D)		or Pric	се	Report Transa		,		
Common	2023			S		10,000 D) \$1	142	2 69,504 ⁽¹⁾			D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Transarity or Exercise (Month/Day/Year) if any Code		tion Date,	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Number of Shares								

Explanation of Responses:

1. Number of shares includes 54,594 performance share units and 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) 21,855 restricted stock units are scheduled to vest in installments in December of 2023 through 2025, and (b) 32,739 performance share units are scheduled to vest in installments in December of 2023 through 2025, which number of shares is the target amount, and the actual number of shares that may vest ranges from 0% to 200% of the target amount, depending on achievement of specified performance goals (all vesting is subject to continued employment through each applicable vesting date).

/s/ To-Anh Nguyen, Attorneyin-Fact 07/11/2023

** 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.