Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
APPLIED MATERIALS, INC. SHORT TERM DISABILITY PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 05/01/1982

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
APPLIED MATERIALS, INC.

3050 BOWERS AVENUE, M/S 1221
SANTA CLARA, CA 95054

2b Employer Identification Number (EIN)
94-1655526

2c Plan Sponsor's telephone number
408-727-5555

2d Business code (see instructions)
334410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2026	DAVID LIU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	6983
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	6983
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6349
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6349
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4F

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
APPLIED MATERIALS, INC. SHORT TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
APPLIED MATERIALS, INC.

D Employer Identification Number (EIN)
94-1655526

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEDGWICK CMS

36-2685608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	N/A	216721	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BAKER TILLY US LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	51039	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
APPLIED MATERIALS, INC. SHORT TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
APPLIED MATERIALS, INC.

D Employer Identification Number (EIN)
94-1655526

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	23291	7465
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5100	6638
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1391385	2162026
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1419776	2176129
Liabilities			
1g Benefit claims payable	1g	526170	452445
1h Operating payables	1h	19735	38617
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	545905	491062
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	873871	1685067

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	4014207	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4014207
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74499	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74499
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4088706
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3002362	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3002362
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	216721	
(3) Recordkeeping fees	2i(3)	7388	
(4) IQPA audit fees	2i(4)	51039	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		275148
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3277510
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		811196
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BAKER TILLY US LLP **(2)** EIN: 30-1413443

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Report of Independent Auditors
and Financial Statements with
Supplemental Schedules

Applied Materials, Inc.
Short Term Disability Benefit Plan

December 31, 2025 and 2024

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Report of Independent Auditors

The Plan Administrator of
Applied Materials, Inc. Short Term Disability Benefit Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Applied Materials, Inc. Short Term Disability Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Applied Materials, Inc. Short Term Disability Benefit Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Applied Materials, Inc. Short Term Disability Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Applied Materials, Inc. Short Term Disability Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Applied Materials, Inc. Short Term Disability Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Applied Materials, Inc. Short Term Disability Benefit Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Sacramento, California
September 22, 2026

Financial Statements

Applied Materials, Inc. Short Term Disability Benefit Plan
Statements of Net Assets Available for Benefits and Plan Benefit Obligations
December 31, 2025 and 2024

	2025	2024
PLAN BENEFIT OBLIGATIONS		
Disability claims payable and claims incurred but not reported	$ 452,445	$ 526,170
ASSETS		
Investments, at fair value		
Registered investment company	2,162,026	1,391,385
Non-interest bearing cash	7,465	23,291
Dividend income receivable	6,638	5,100
Total assets	2,176,129	1,419,776
LIABILITIES		
Administrative expense payable	38,617	19,735
Total liabilities	38,617	19,735
NET ASSETS AVAILABLE FOR BENEFITS	2,137,512	1,400,041
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	$ 1,685,067	$ 873,871

See accompanying notes.

Applied Materials, Inc. Short Term Disability Benefit Plan
Statement of Changes in Net Assets Available for Benefits and Changes in Plan Benefit Obligations
Year Ended December 31, 2025

BENEFIT OBLIGATIONS CURRENTLY PAYABLE	
Balance at beginning of year	$ 526,170
Disability claims incurred	3,002,362
Disability claims paid	(3,076,087)
Balance at end of year	452,445
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Participant contributions	4,014,207
Dividend income	74,499
Total additions	4,088,706
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Disability claims paid	3,076,087
Administrative expenses	275,148
Total deductions	3,351,235
CHANGE IN NET ASSETS	737,471
CHANGE IN NET ASSETS OVER BENEFIT OBLIGATIONS	811,196
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	
Beginning of year	873,871
End of year	$ 1,685,067

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Applied Materials, Inc. Short Term Disability Benefit Plan (the Plan) provides only general information. Participants seeking more detailed information about the Plan should refer to the plan document for a complete description of the Plan's provisions.

General – The Plan is a self-insured welfare plan adopted by the Board of Directors of Applied Materials, Inc. (the Company). Participation in the Plan is voluntary and is generally available to all U.S. employees of the Company and its participating subsidiaries residing outside of California. The Plan provides temporary salary replacement payments to participants in the event of short-term disability. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration – The trust established under the Plan is a single employer voluntary employees' beneficiary association (VEBA). The Company is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Company has delegated certain responsibilities for the operation and administration of the Plan. Claims processing services are provided by Sedgwick Claims Management Services, Inc. The Plan's investments are managed and held by Mellon Bank (the Custodian). Substantially, all expenses incurred for administering the Plan are paid by the Plan.

Eligibility – All employees who are assigned to or attached to a geographic location outside the state of California, and who are regularly scheduled to work at least 20 hours per week in the United States are eligible to participate in the Plan except employees classified as independent contractors, consultants, leased employees or employees of an employment agency.

Contributions – The Plan provides for participant contributions to be made in the form of payroll withholdings. Contributions are deposited in the trust. Participant contribution rate is experience-rated annually. For the year ended December 31, 2025, participants in the Plan contributed 0.65% of their eligible earnings each pay period up to an annual contribution amount of $1,145.

Funding policy – In the event that participant contributions to the VEBA are insufficient to meet the liabilities of the Plan, the Company may, from time to time, contribute to the VEBA amounts which are deemed necessary to properly maintain and operate the Plan. No Company contributions have been made since the Plan's inception.

Benefits – Participants generally are eligible to receive temporary salary replacement payments upon disability at a rate of 70 percent of the participant's most recent weekly earnings, as defined by the plan document, following a week of waiting period. In order to be eligible for benefits, participants must apply for benefits within 60 days of their first date of disability. Benefits cease once the participant is no longer disabled, is disabled for more than 26 consecutive weeks or otherwise fails to satisfy the Plan's requirements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Plan benefit obligations – Plan benefit obligations at December 31, 2025 and 2024, include disability claims incurred by active participants but not reported at those dates, and future disability payments to participants considered disabled at December 31, 2025 and 2024, subject to the maximum benefit amount and benefit period allowed under the Plan. The obligations are estimated based on an analysis of actual payments made subsequent to the Plan's year end.

Contributions – Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Company, which is the pay date. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the plan year.

Payment of benefits – Benefit payments to participants are recorded as a reduction of net assets available for benefits when paid.

Administrative expenses – The Plan's expenses are paid by the Plan or the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are deducted from investment earnings, as disclosed in the investment prospectus, and thus are not separately disclosed in the accompanying financial statements.

Subsequent events – The Plan has evaluated subsequent events through September 22, 2026, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

NOTE 3 – FAIR VALUE MEASUREMENTS

Accounting standards define fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Such standards establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value within a fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to measurements involving significant unobservable inputs (Level 3).

The three levels of the fair value hierarchy are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and other inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.

Registered investment company (money market mutual fund) – Valued at the daily closing price as reported by the money market mutual fund, which is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded and is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables disclose the fair value hierarchy of the Plan's assets by level at fair value at year end:

	Fair Value Measurements at December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment company	$ 2,162,026	$ -	$ -	$ 2,162,026

	Fair Value Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment company	$ 1,391,385	$ -	$ -	$ 1,391,385

NOTE 4 – RISKS AND UNCERTAINTIES

The Plan maintains a fixed daily balance in a checking account held by the Custodian. Any balance in excess of the fixed balance is automatically invested in a money market mutual fund held by the Custodian.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 5 – TAX STATUS

The VEBA established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the Code) and related state statutes, and, accordingly, the VEBA's net investment income is exempt from income taxes.

On December 8, 2000, the Internal Revenue Service issued a favorable determination letter on the VEBA's tax-exempt status. The Plan has been amended since the date of issuance of such favorable determination letter on the VEBA. However, the Company believes that the Plan is being operated in accordance with, and qualifies under, the applicable requirements of the Code and related statutes, and that the Plan and the VEBA, which forms a part of the Plan, are exempt from federal income taxes.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. Upon termination of the Plan, participants whose disabilities commenced prior to the termination will be entitled to their full benefits under the terms of the Plan. Any remaining undistributed funds are to be utilized for the benefit of covered individuals. In the event that benefits due and payable exceed available funds, the Company will contribute to the Plan such amounts as may be necessary to ensure continuance of such benefit payments.

NOTE 7 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

ERISA defines a party-in-interest similarly to financial accounting standards' definition of a related party, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

The Plan's administrative expenses included $275,148 in 2025 for accounting and contract administration fees related to services provided by parties in interest.

Some fees and expenses of the Plan relating to legal, consulting, and other administrative services are paid by the Company. The Plan is not required to repay expenses paid by the Company on its behalf.

NOTE 8 – RECONCILIATION TO FORM 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Supplemental Schedules

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Federated Government Obligations Fund	Registered investment company	$ 2,162,026	$ 2,162,026

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment Company	$ 160,155		$ 160,155	$ 160,155	
		$ 163,576		$ 163,576	$ 163,576	
		$ 159,089		$ 159,089	$ 159,089	
		$ 152,036		$ 152,036	$ 152,036	
		$ 157,513		$ 157,513	$ 157,513	
		$ 158,258		$ 158,258	$ 158,258	
		$ 158,001		$ 158,001	$ 158,001	
		$ 160,197		$ 160,197	$ 160,197	
		$ 160,723		$ 160,723	$ 160,723	
		$ 158,662		$ 158,662	$ 158,662	
		$ 151,996		$ 151,996	$ 151,996	
		$ 159,745		$ 159,745	$ 159,745	
		$ 159,026		$ 159,026	$ 159,026	
		$ 157,754		$ 157,754	$ 157,754	
		$ 146,386		$ 146,386	$ 146,386	
		$ 156,921		$ 156,921	$ 156,921	
		$ 155,801		$ 155,801	$ 155,801	
		$ 148,211		$ 148,211	$ 148,211	
		$ 150,903		$ 150,903	$ 150,903	
		$ 156,577		$ 156,577	$ 156,577	
		$ 147,705		$ 147,705	$ 147,705	
		$ 136,230		$ 136,230	$ 136,230	
		$ 141,802		$ 141,802	$ 141,802	
		$ 137,421		$ 137,421	$ 137,421	
		$ 134,849		$ 134,849	$ 134,849	
		$ 131,282		$ 131,282	$ 131,282	

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment Company		$ 76,316	$ 76,316	$ 76,316	$ -
			$ 76,813	$ 76,813	$ 76,813	$ -
			$ 105,249	$ 105,249	$ 105,249	$ -
			$ 118,815	$ 118,815	$ 118,815	$ -
			$ 112,917	$ 112,917	$ 112,917	$ -
			$ 98,417	$ 98,417	$ 98,417	$ -
			$ 79,371	$ 79,371	$ 79,371	$ -
			$ 86,565	$ 86,565	$ 86,565	$ -
			$ 82,250	$ 82,250	$ 82,250	$ -
			$ 97,732	$ 97,732	$ 97,732	$ -
			$ 93,991	$ 93,991	$ 93,991	$ -
			$ 94,568	$ 94,568	$ 94,568	$ -
			$ 90,720	$ 90,720	$ 90,720	$ -
			$ 98,723	$ 98,723	$ 98,723	$ -
			$ 77,960	$ 77,960	$ 77,960	$ -
			$ 81,558	$ 81,558	$ 81,558	$ -
			$ 86,293	$ 86,293	$ 86,293	$ -
			$ 85,246	$ 85,246	$ 85,246	$ -
			$ 84,396	$ 84,396	$ 84,396	$ -
			$ 81,759	$ 81,759	$ 81,759	$ -
			$ 83,973	$ 83,973	$ 83,973	$ -
Category III series of transactions in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment					
32 purchases	Company	$ 3,981,935		$ 3,981,935	$ 3,981,935	
183 sales			$ 3,211,294	$ 3,211,294	$ 3,211,294	$ -

Note: Columns (e) Lease rental and (f) Expense incurred with transactions are not applicable.

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Federated Government Obligations Fund	Registered investment company	$ 2,162,026	$ 2,162,026

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment Company	$ 160,155		$ 160,155	$ 160,155	
		$ 163,576		$ 163,576	$ 163,576	
		$ 159,089		$ 159,089	$ 159,089	
		$ 152,036		$ 152,036	$ 152,036	
		$ 157,513		$ 157,513	$ 157,513	
		$ 158,258		$ 158,258	$ 158,258	
		$ 158,001		$ 158,001	$ 158,001	
		$ 160,197		$ 160,197	$ 160,197	
		$ 160,723		$ 160,723	$ 160,723	
		$ 158,662		$ 158,662	$ 158,662	
		$ 151,996		$ 151,996	$ 151,996	
		$ 159,745		$ 159,745	$ 159,745	
		$ 159,026		$ 159,026	$ 159,026	
		$ 157,754		$ 157,754	$ 157,754	
		$ 146,386		$ 146,386	$ 146,386	
		$ 156,921		$ 156,921	$ 156,921	
		$ 155,801		$ 155,801	$ 155,801	
		$ 148,211		$ 148,211	$ 148,211	
		$ 150,903		$ 150,903	$ 150,903	
		$ 156,577		$ 156,577	$ 156,577	
		$ 147,705		$ 147,705	$ 147,705	
		$ 136,230		$ 136,230	$ 136,230	
		$ 141,802		$ 141,802	$ 141,802	
		$ 137,421		$ 137,421	$ 137,421	
		$ 134,849		$ 134,849	$ 134,849	
		$ 131,282		$ 131,282	$ 131,282	

Applied Materials, Inc. Short Term Disability Benefit Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Sponsor Name: Applied Materials, Inc.
Employer Identification Number: 94-1655526
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment Company		$ 76,316	$ 76,316	$ 76,316	$ -
			$ 76,813	$ 76,813	$ 76,813	$ -
			$ 105,249	$ 105,249	$ 105,249	$ -
			$ 118,815	$ 118,815	$ 118,815	$ -
			$ 112,917	$ 112,917	$ 112,917	$ -
			$ 98,417	$ 98,417	$ 98,417	$ -
			$ 79,371	$ 79,371	$ 79,371	$ -
			$ 86,565	$ 86,565	$ 86,565	$ -
			$ 82,250	$ 82,250	$ 82,250	$ -
			$ 97,732	$ 97,732	$ 97,732	$ -
			$ 93,991	$ 93,991	$ 93,991	$ -
			$ 94,568	$ 94,568	$ 94,568	$ -
			$ 90,720	$ 90,720	$ 90,720	$ -
			$ 98,723	$ 98,723	$ 98,723	$ -
			$ 77,960	$ 77,960	$ 77,960	$ -
			$ 81,558	$ 81,558	$ 81,558	$ -
			$ 86,293	$ 86,293	$ 86,293	$ -
			$ 85,246	$ 85,246	$ 85,246	$ -
			$ 84,396	$ 84,396	$ 84,396	$ -
			$ 81,759	$ 81,759	$ 81,759	$ -
			$ 83,973	$ 83,973	$ 83,973	$ -
Category III series of transactions in excess of 5% of plan assets						
Federated Government Obligations Fund	Registered Investment					
32 purchases	Company	$ 3,981,935		$ 3,981,935	$ 3,981,935	
183 sales			$ 3,211,294	$ 3,211,294	$ 3,211,294	$ -

Note: Columns (e) Lease rental and (f) Expense incurred with transactions are not applicable.