FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF | | | | | | |
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| | STATEMENT | OF | CHANGES | IN BENE | FICIAL | OWNERSHIP |

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|-----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bur | den | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* STATA RAY | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] | | | | | | | | | | ationship all appl Direct | • | | erson(s) to Issuer | | |
|---|--|------------|------------------------------|-------------------------------|-------|--|---|-------------------------------|---|---|--|---|---|--|--|--|--|--|---------------------------------------|---|--|
| (Last) | ` | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024 | | | | | | | | | Officer (give title Other (spec below) below) | | | | | specify | |
| ONE AN | IALOG WA | AY | | | 4. If | Amen | dmen | t, Date | of O | Original | Filed | I (Month/Da | ıy/Year) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WILMIN | IGTON M | Α (| 01887 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | Ru | le 1 | 0b5 | 5-1(c) |) T | rans | act | ion Ind | icatio | n | | | | | | | |
| | | | | | | | | | icate that a transaction was made pursuant to a contract, instruction or written plan that is intended to defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | ed to | | | | |
| | | Table | e I - No | n-Deriv | ative | Sec | uritie | es Ac | qui | ired, | Dis | posed o | f, or B | enefic | ially | Owne | d | | | | |
| Date | | | | 2. Transa Date (Month/I | | Ex r) if a | 2A. Deemed Execution Date, f any Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Securiti Benefic Owned | | ies Fore ially (D) Following (I) (I | | n: Direct or Indirect onstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | [| Code V | | Amount | (A) c | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Comm Stock - \$.16-2/3 value | | | 02/26 | /2024 | | | | | М | | 9,660 | A | \$51 | .73 | 3 179,486 | | D | | | | |
| Comm Stock - \$.16-2/3 value | | | | | | | | | | | | | | 65 | | 552,221(1) | | I | By Mrs. Stata Directly | | |
| Table II - Derivativ (e.g., put | | | | | | | | | | | | | | | | Owned | | | , | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | Ex | Date E cpiratio lonth/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | De Se (In | i. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Da Ex | ate cercisal | | Expiration Date | Title | Amoun or Numbe of Shares | 1 | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$51.73 | 02/26/2024 | | | M | | | 9,660 | 03 | 3/11/20 | 15 | 03/12/2024 | Comm Stock - \$.16- 2/3 value | 9,660 | | \$0 | 0 | | D | | |

Explanation of Responses:

1. Includes an additional 4 shares that were omitted on the Reporting Person's last Form 4 filing due to a clerical error.

Remarks:

/s/ Shelly Shaw, General 02/27/2024 Counsel, by Power of Attorney

** 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.