FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL (| OWNERSHIP |
|--|--------------------------------------|-----------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue Coo | | |

OMB APPROVAL OMB Number: Estimated average burden

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| 1. Name an STATA | | Reporting Person* | | | | | | | er or Tra | | Symbol [ADI] | | | | | | olicable) | g Person(s) to 10% | ssuer Owner |
|---|---|-------------------------------------|---|---|---------------------------------------|--|---------|---|------------------------------------|--------|---------------------|---|----------------|--|--|--|--|---|--|
| (Last) P.O. BOX | | | Middle) | | | Date of Earliest Transaction (Month/Day/Year) 3/20/2015 | | | | | | | | | | Offic belov | er (give title v) | Other below | (specify) |
| ONE TECHNOLOGY WAY (Street) NORWOOD MA 02062-910 | | | | . If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Grou Line) X Form filed by Or Form filed by Mo Person | | | e Reporting Per | son | | | |
| (City) | (St | | Zip) | - Dorin | otivo | | | | | Dia | | | | ofic | برااه | 0 | - d | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | d (A) c | or 5. Amo 4 and Securi Benefi Owned | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) | |
| Comm Sto | ock-\$.16-2/ | 3 value | | 03/20 |)/2015 | 5 | | | S | | 25,000 | 0 | D | \$6 | 0.95 | 1,0 | 083,709 | I | By Mrs. Stata Directly |
| Comm Sto | ock-\$.16-2/ | 3 value | | 03/23 | 3/2015 | 5 | | | S | | 25,000 | 0 | D | \$6 | 50.5 | 1,0 | 058,709 | I | By Mrs. Stata Directly |
| Comm Sto | ock-\$.16-2/ | 3 value | | | | | | | | | | | | | | 2 | 56,091 | D | |
| Comm Sto | ock-\$.16-2/ | 3 value | | | | | | | | | | | | | | 41 | 00,277 | I | By Mrs. Stata Tr FBO Mr. Stata's Children |
| Comm Stock-\$.16-2/3 value | | | | | | | | | | | | | | | | 1,850 | I | By Stata Family LLC | |
| | | Ta | able II - D | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | on Date E se (Month/Day/Year) if | 3A. Deems Execution if any (Month/Da | Date, | 4. Transactio Code (Instr 8) | | on of I | | 6. Date E Expiratio (Month/D | n Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | I | Deri Sec (Inst | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | mber | | | | | |

Explanation of Responses:

Cynthia M. McMakin, Associate General Counsel, by 03/24/2015 Power of Attorney

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).