FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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* HODGSON JOHN C					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	X 9106	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015									Officer (below)	give title	e Other (s below)		r (specify v)
ONE TE	CHNOLOC	GY WAY			4.	If Ame	ndme	nt, Date	of Origin	nal Fil	ed (Month/Da	ay/Year)			lividual or Jo	oint/Grou	ıp Filing	(Check A	Applicable
(Street) NORWOOD MA 02062-9106													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Da		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)					d 5)	5. Amount Securities Beneficiall Owned Fol Reported	y	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(11341. 4)	
Comm St	ock-\$.16-2/	3 value		06/10/	/2015				M		7,500	A	\$29.	.91	17,8	95	Ι)	
Comm St	ock-\$.16-2/	3 value		06/10/	10/2015				S		7,500	D	\$67.5	86(1)	10,395		D		
Comm Stock-\$.16-2/3 value													150		I		As custodian for grandchild, Lily, under UTMA		
Comm Stock-\$.16-2/3 value													150)]	I	As custodian for grandchild, Samantha, under UTMA		
Comm Stock-\$.16-2/3 value														150		I		As custodian for grandchild, Zoe, under UTMA	
			Table I								posed of				Owned				
1. Title of Derivative Security 1. Title of Conversion Conversion or Exercise Price of Derivative Security 1. Title of Conversion Date (Month/Day/Year) (Month/Day/Year) 2. Date (Month/Day/Year) if any (Month/Day/Year)		ned on Date,	ed 4. Transact Code (Ins		5. Number tion of		S., Options, converti 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nur of	ount mber ares					
Non- Qualified Stock Option (right to buy)	\$29.91	06/10/2015			M			7,500	01/03/20)09 ⁽²⁾	01/03/2018	Comm Stock-\$.1 2/3 value	6- 7,5	500	\$0.0000	7,500		D	

Explanation of Responses:

^{1.} These shares were disposed of in multiple transactions on June 10, 2015 at actual sales prices ranging from \$67.580 to \$67.586 per share. The price reported reflects the weighted average sale price for the transactions. The reporting person undertakes to provide upon request by SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

^{2.} This option vested in equal installments on the first, second and third anniversaries of the original grant date, which was January 3, 2008.

** 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.