FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF C	HANGES	IN BEN	EFICIAL	OWNERS	HIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     ROCHE VINCENT					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					wner
	(Last) (First) (Middle) P.O. BOX 9106 ONE TECHNOLOGY WAY				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018									below)		Other (sp below) nt & CEO		specify	
(Street) NORWO	OD M	IA .	02062-91 (Zip)	106	4. 11	f Ame	endmei	nt, Date	of Original Filed (Month/Day/Year)					5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies Ad	quired	, Dis	sposed o	f, or B	enefici	ally Ow	nec	d			
Date				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					nd Securiti Benefic Owned		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) or (D)		or Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Comm Stock - \$.16-2/3 value				03/01	1/2018				М		1,096	<del>-   `                                  </del>		1.73	<u> </u>			D	
Comm Stock - \$.16-2/3 value				03/01	1/2018				М		8,904	A	. \$45	.95 3		1,640		D	
Comm Stock - \$.16-2/3 value			03/01	/2018			S <sup>(1)</sup>		10,000	D	\$89	.89 2		,640		D			
		Т									osed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ed n Date,	4. Transa	Transaction Code (Instr.		of E		6. Date Exercisi Expiration Date (Month/Day/Yea		7. Title Amoun Securit Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		e of ive y i)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$51.73	03/01/2018			М			1,096	03/12/20:	15 <sup>(2)</sup>	03/12/2024	Comm Stock - \$.16- 2/3 value	1,096	\$0		80,727		D	
Non- Qualified Stock Option (right to	\$45.95	03/01/2018			M			8,904	06/17/202	14 <sup>(3)</sup>	06/17/2023	Comm Stock - \$.16- 2/3	8,904	\$0		12,323		D	

## Explanation of Responses:

- 1. These shares were disposed of in an open market sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. This option vests in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was March 12, 2014.
- 3. This option vests in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was June 17, 2013.

## Remarks:

/s/ Cynthia M. McMakin,

Associate General Counsel, by 03/05/2018

Power of Attorney

value

\*\* 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.