FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

sillington, D.C. 20549	OMB APPROVAL

OIVID AFFRO	JVAL							
OMB Number:	3235-0287							
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## 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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)						
(Last) P.O. BOX	(Fi	rst) (	(Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 11/28/2016									Office below	er (give title			Owner r (specify v)		
(Street)			02062	-9106	-   4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filir Line)     X Form filed by One Rep     Form filed by More that Person				rson		
(City)	(SI	tate) (	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  a. Title of Security (Instr. 3)  2. Transaction  2. Deemed  3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of																				
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			(D) (Instr	D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported		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		Transact (Instr. 3 a	on(s) nd 4)					
	ock - \$.16-2			11/28/20				M		5,000	A	\$19.5		15,985		D					
Comm St	ock - \$.16-2	2/3 value		11/28/20	016				S		5,000	D	\$73.94	!9 <sup>(1)</sup>	10,	985		D			
Comm Sto	ock - \$.16-7	2/3 value													300		I		As custodian for grandchild, Zoe, under UTMA		
Comm Stock - \$.16-2/3 value															300		I		As custodian for grandchild, Samantha, under UTMA		
Comm Stock - \$.16-2/3 value														300		00	I		As custodian for grandchild, Lily, under UTMA		
		Ta	able I								posed of, , convertib				Owned						
Derivative Conversion Date Exercise (Month/Day/Year) if		Execu if any	eemed ition Date,	4. Transa Code ( 8)	ection	5. Number of		6. Dat		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8 D S	. Price of perivative ecurity nstr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
						v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er							
Non- Qualified Stock Option (right to buy)	\$19.57	11/28/2016			M			5,000	01/05	/2010 <sup>(2</sup>	01/05/2019	Comm Stock - \$.16- 2/3 value	5,000	0	\$0	0 10,000		D			

## Remarks:

<sup>1.</sup> These shares were disposed of in multiple transactions on November 28, 2016 at actual sales prices ranging from \$73.930 to \$73.974 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.

<sup>2.</sup> This option vested in equal installments on the first, second and third anniversaries of the original grant date, which was January 5, 2009.

/s/ Cynthia M. McMakin, 11/29/2016
Associate General 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.

- $^{\star}$  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.