SEC Form 4	
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# FORM 4

Check this box if no longer subject

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OVAL
OMB Number:	3235-0287
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hours per response:	0.5

to Section 16. For obligations may Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934			Estimated av	erage burden ponse:	0.5
. ,			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Addre	1 0	Person*	2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]		ationship of F k all applicab Director		son(s) to Issuer 10% Owner	
(Last) ONE ANALOG	(First) WAY	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024	X	Officer (gi below)	ve title Chair & CE	Other (spec below)	ify
(Street) WILMINGTON	I MA	01887	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X		nt/Group Filing I by One Repo	I (Check Applic	able
	· 				Form fileo Person	l by More thar	One Reportin	g
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication					
			Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ii	o a contra	act, instruction 10.	or written plan	that is intended t	.0

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Comm Stock - \$.16-2/3 value	03/11/2024		М		4,840	Α	\$ <u>0</u>	10,553	D	
Comm Stock - \$.16-2/3 value	03/11/2024		F <sup>(1)</sup>		2,340.14	D	\$198.21	8,212.86	D	
Comm Stock-\$.16-2/3 value								55,000	<b>I</b> (2)	Vincent Roche 2023 Grantor Retained Annuity Trust

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deri Secu Acq (A) o Disp of (E	oosed )) tr. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit (RSU)	\$0	03/11/2024		М			4,840	(3)	(3)	Comm Stock - \$.16- 2/3 value	4,840	\$0	4,841	D	

### Explanation of Responses:

1. This disposition represents shares withheld to satisfy tax withholding obligations on the RSUs that vested on March 11, 2024 and are reported herein.

2. Shares held by the Vincent Roche 2023 Grantor Retained Annuity Trust dated August 25, 2023.

3. The Restricted Stock Units granted to the Reporting Person on March 10, 2021 vest in equal installments on the first, second, third and fourth anniversaries of the grant date. Upon each vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company.

## **Remarks:**

#### /s/ Shelly Shaw, General 03/13/2024

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.