SEC F	orm 4
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FORM	4
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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 CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
hours per response	: 0.5					

	tions may continution 1(b).	nue. See		Filed						rities Exchar ompany Act	nge Act of 19 t of 1940	34		hours per	response:	0.5	
1. Name and Address of Reporting Person* Zinsner David					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]						(Che	eck all applic Director	able)	, 10% Ov			
(Last) (First) (Middle) P.O. BOX 9106 ONE TECHNOLOGY WAY					3. Date of Earliest Transaction (Month/Day/Year) 06/11/2015								X Officer (give title Other (specify below) below) SVP, Finance & CFO				
(Street) NORWC)OD M	ſA	02062-9106	 	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)														
1. Title of	Security (Ins			2. Transad Date (Month/Da	ction	2A. I Exec if an	Deemed cution Da	te, 3. Co	nsactic de (Inst	4. Secur Dispose	of, or Ben ities Acquired d Of (D) (Insti	l (A) or	4 and 5) Securities Beneficially Owned Following (I) (Instr. 4) Ownersh			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Co	de V	Amount	(A) or (D)	Price	Transaction(c)				
			Table II - D								, or Bene ble secur		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	nsaction le (Instr.	of Der Sec Acq (A) Dis of (I	lumber ivative urities juired or posed D) (Instr. and 5)	6. Date Expirati (Month/	on Date	cisable and ate 7. Title and Amore of Securities		s Derivative	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)	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$ 37.52	06/11/2015		J ⁽¹⁾) v		18,044	01/04/20)12 ⁽²⁾	01/04/2021	Comm Stock-\$.16- 2/3 value	18,044	\$0.0000	27,066	D		
Non- Qualified Stock Option (right to buy)	\$46.48	06/11/2015		J ⁽¹⁾) v		10,290	03/12/20)14 ⁽³⁾	03/12/2023	Comm Stock-\$.16- 2/3 value	10,290	\$0.0000	92,610	D		
Non- Qualified Stock Option (right to buy)	\$39.79	06/11/2015		J ⁽¹⁾) v		14,722	03/15/20)13 ⁽⁴⁾	03/15/2022	Comm Stock-\$.16- 2/3 value	14,722	\$0.0000	58,888	D		

Explanation of Responses:

1. The Reporting Person transferred these fully vested options to his former spouse. The Reporting Person no longer reports as beneficially owned any securities owned by his former spouse.

2. This option vested in equal installments on the first, second, third and fourth anniversaries of the original grant date, which was January 4, 2011. The transferred options were fully vested. 3. This option vests in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was March 12, 2013. The transferred options were fully vested.

4. This option vests in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was March 15, 2012. The transferred options were fully vested.

<u>Kevin P. Lanouette, Assistant</u>	
<u>General Counsel, by Power of</u>	<u>07/06/2015</u>
<u>Attorney</u>	
** Signature of Reporting Person	Date

** Signature of Reporting Person

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.