FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	vvasimigtori, B.O. 20045	
STATEMENT	OF CHANGES IN BENEFICIAL	OWNERSHIP

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

hours per response:

0.5

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

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1. Name and Address of Reporting Person* MARSHALL ROBERT R				2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	THOMES NO SERVICE TO S															Other (sp		
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title Officer (specify below) VP, WORLDWIDE MFG.					
P.O. BOX 9106				١	01/05/2010								٧1,	WORLD	WIDE	MIPG.		
THREE TECHNOLOGY WAY					4. If Amondment, Date of Original Filed (Month/Dec/Month)							6 Ind	6 Individual or Joint/Croup Filing (Cheek Applicable					
(Street)	OOD M	ſΑ	02062-9106	4	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(5	State)	(Zip)									Person						
		Та	ble I - Non-E	Perivati	ive Se	ecuritie	es A	cquired, D	ispose	d of, or	Bene	ficially	Owned					
			Da	ate			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
				/ Amo					unt (A) or D)	Price	Reported Transacti (Instr. 3 a	on(s)		(1	(Instr. 4)		
			Table II - De (e.					quired, Dis					Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year) 3. Deemed Execution Day if any (Month/Day/Year)		4. Transaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Sec Under	7. Title and Amount of Securities Underlying Derivativ Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership Form:	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	on Title		Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$31.62	01/05/2010		A		47,500		01/05/2011 ⁽¹⁾	01/05/20	Con Stock- 2/3 v	\$.16-	47,500	\$0	47,500		D		
Restricted Stock Unit (RSU)	\$0 ⁽²⁾	01/05/2010		A		12,825		(3)	(4)	Con Stock- 2/3 v	\$.16-	12,825	\$0	12,825		D		

Explanation of Responses:

- 1. --This is a vesting schedule. 20% vests one, two, three, four and five years from grant date.
- 2. Upon each vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company. Notwithstanding, the Company may elect, in its sole discretion, to deliver cash in lieu of shares of common stock, in an amount equal to the closing price of the common stock on the NYSE on the vesting date.
- 3. -- This is a vesting schedule. 100% vests three years from grant date.
- 4. Not Applicable

Remarks:

By: FRANCIS SARRO,

Assistant Treasurer, Attny In 01/07/2010

Fact

** 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.