FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPRO	OVAL
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-	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* CHAMPY JAMES							er Name a				Symbol [ADI]	(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	st) (First) (Middle) D. BOX 9106 TE TECHNOLOGY WAY			0	3/13/	/2013		`		Day/Year)		Officer (give title Other (specify below) below)							
(Street)		4A 02062-9106			_ 4	. If An	nendment	t, Date o	of Origina	l Filed	l (Month/Day	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						
	`		able I - No	on-De	rivat	ive S	Securit	ies Ac	auirea	I. Dis	sposed o	f. or Ber	eficially	Owned					
1. Title of Security (Instr. 3)		2. Trar Date	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amount of Securities Beneficially Owned Follo		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 (Instr. 3 and				(Instr. 4)		
Comm Stock-\$.16-2/3 value			03/	13/20	13			М		1,610	A	\$0.0000	9,42	9,428		D			
Comm Stock-\$.16-2/3 value													69,536.196 ⁽¹⁾		I Z		by James A. Champy 2012 Irrevocable Trust		
			Table II								oosed of, convertib			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 D if any (Month/Day/	oate,	4. Transa Code (8)				6. Date Exerci Expiration Dat (Month/Day/Ye		te			8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report	tive ties cially l ing	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Non- Qualified Stock Option (right to buy)	\$46.48	03/13/2013			A		11,860		(2)		03/13/2023	Comm Stock-\$.16 2/3 value	- 11,860	\$0.0000	11,	.860) D		
Restricted Stock Unit (RSU)	\$0.0000	03/13/2013			A		1,940		(3)		(3)	Comm Stock-\$.16 2/3 value		\$0.0000	1,9	940	D		
Restricted Stock Unit (RSU)	\$0.0000	03/13/2013			M			1,610	03/13/20	13 ⁽⁴⁾	(4)	Comm Stock-\$.16 2/3 value		\$0.0000	0.0	0000	D		

Explanation of Responses:

- $1.\ This\ amount\ includes\ 511.196\ shares\ acquired\ on\ March\ 12,\ 2013\ pursuant\ to\ a\ dividend\ reinvestment\ program.$
- 2. This option vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 13, 2013, or the date of the Company's next Annual Meeting of Shareholders.
- 3. This RSU vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 13, 2013, or the date of the Company's next Annual Meeting of Shareholders. Upon the vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company.
- 4. This RSU vested 100.00% on March 13, 2013. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

Kevin P. Lanouette, Assistant General Counsel, by Power of **Attorney**

03/14/2013

** 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.