Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 Estimated average burden 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* SICCHITANO KENTON J					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]									5. Relationship of Repor (Check all applicable) X Director			ing Person(s) to Issuer 10% Owner		
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/20/2023										Officer (give title pelow)		Other (s below)	specify
ONE ANALOG WAY					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc		r Joint/Group Filing (Check Applicable			pplicable
(Street)															X Form filed by One Reporting Person				
WILMINGTON MA 01887															Form filed by More than One Repor Person				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of,	or E	Bene	ficiall	y Own	ed			
Dat			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or I	Price	Report Transa (Instr. 3	orted saction(s) r. 3 and 4)			(Instr. 4)	
Comm Stock - \$.16-2/3 value 09/				09/20/2	2023				G		94(1)	I)	\$0 2		28,241		D	
Comm Stock - \$.16-2/3 value				09/20/2023					G		94(1)	I)	\$ <mark>0</mark>	28	8,147		D	
Comm Stock - \$.16-2/3 value				09/20/2023				G		94(1)	I)	\$ <mark>0</mark>	28	28,053		D		
Comm Stock - \$.16-2/3 value			09/20/2023					G		94(1)	I)	\$ <mark>0</mark>	27	7,959		D		
Comm Stock - \$.16-2/3 value			09/21/2023					G		94(1)	I)	\$ <mark>0</mark>	27	27,865		D		
Comm Stock - \$.16-2/3 value 09/2			09/21/2	/2023				G		94(1)	D		\$ <mark>0</mark>	27,771		D			
Comm Stock - \$.16-2/3 value 09/23			09/21/2	2023				G		94(1)	D \$		\$ <mark>0</mark>	27,677		D			
Comm Stock - \$.16-2/3 value 09/2				09/21/2	2023				G		94(1)	D		\$ <mark>0</mark>	27	27,583		D	
Comm Stock - \$.16-2/3 value			09/21/2	09/21/2023				G		94(1)	I		\$ <mark>0</mark>	27,489			D		
	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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expirati (Month/	on Da	te ear)	Amount of		Str.	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)			Expiration Date	Title	or Num of Shar						

Explanation of Responses:

1. On September 20, 2023 and September 21, 2023, the Reporting Person transferred 94 shares of common stock to each of nine separate individuals.

Remarks:

s/ Shelly Shaw, Associate General Counsel, by Power of 09/22/2023 <u>Attorney</u>

** 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.