FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* CHAMPY JAMES | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] | | | | | | | | 5. Relationship of Report (Check all applicable) Director | | | rting Person(s) to Issuer 10% Owner | | |
|--|------------|--------|----------------------|--------------|--|--|--|-------|-----|---|---|---|---|---|--|--------|---|--|---|-----|
| (Last) | ` | First) | (1) | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024 | | | | | | | | | Office below | below) | | | | |
| ONE ANALOG WAY (Street) WILMINGTON MA 01887 | | | | | 4. If <i>A</i> | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | ole | | |
| (City) (State) (Zip) | | | | | Rul | 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| D | | | | | 2. Transaction Date (Month/Day/Year) | | 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 5) | | | 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 (Instr. 3 and | | | | (Instr. 4) | |
| Comm St | 06/28/2024 | | | | G | | 1,706(1) | D | \$0 | 8,105 | | D | | | | | | | | |
| Comm Stock - \$.16-2/3 value | | | | | 07/01/2024 | | | | G | | 219(2) | D | \$0 | 7,8 | 7,886 | | D | | | |
| Comm Stock - \$.16-2/3 value | | | | | | | | | | | | | | | 38,316 | | I | | by Jame A. Chan 2012 Irrevoca Trust | npy |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | | eemed ution Date, | 4. Transa | saction of e (Instr. Deriv | | mber rative rities ired r osed) | 6. Da | | cisable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4) | itive ities Forn icially d or In ving ted action(s) | | hip of Ind Bene O) Owne ect (Insti | lature direct eficial ership r. 4) | | |
| | | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. On June 28, 2024, 1,706 shares previously owned by the Reporting Person were gifted to charitable organizations.
- 2. On July 1, 2024, 219 shares previously owned by the Reporting Person were gifted to charitable organizations.

Remarks:

/s/ Shelly Shaw, General Counsel, by Power of

07/02/2024

<u>Attorney</u>

** 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.