FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENIT	UE CHANGES	IN RENEEICIAL	OWNEDCL

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

ATEMIENT OF CHANGES IN BENEFICIAL OWNERS

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* Hess Rick D				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							
IICSS INCK D														$ $ $_{\rm X}$				Other (s		
							O Date of Fasilinat Transportion (March / Day March									below)	give title		below)	pecily
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015										SVP, Co	SVP, Comm & Autom			oup
P.O. BOX 9106				03/13/2013										,				·		
ONE TECHNOLOGY WAY				4 If	4. If Amandment, Date of Original Filed (Month/Dec.) (4.5.2)									6. Individual or Joint/Group Filing (Check Applicable						
				4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street) NORWOOD MA 02062-9106													X Form filed by One Reporting Person							
NORWC	OD M	IA	02062-9106													Form filed by More than One Reporting Person				ting
(City)	(S	itate)	(Zip)													r craon				
		Та	ble I - No	n-Deriv	ative	e Se	cur	ities A	cqı	uired, E	Dis	osed o	of, or Ber	nefi	cially	Owned				
Da		Date	te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		∍,							5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect		
(N							(Month/D	ar)	Code (Instr. r) 8)							Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
												(A) or			Reported Transacti				(Instr. 4)	
										Code \	/	Amount	(A) 01 F		ice	(Instr. 3 and 4)		1 1		
Comm Stock-\$.16-2/3 value 09/1				09/15	/2015	2015			М		20,00	0 A	\$(0.0000	34,703			D		
Comm Stock-\$.16-2/3 value 09/15			/2015			F		9,420) D		\$58.3	25,283			D					
			Table II -													wned				
				(e.g., p	uts,	call	IS, W	arrant	:s, (options	s, c	onverti	ble secu	ritie	es)					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			3A. Deemed Execution D if any (Month/Day/	rate, Transaction Code (Instr.			of		Ex	Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Deriv Security (Instr. 3 4)		Derivative Security		9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owns Follows Direction or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V	,	(A)	(D)	Dat	te ercisable		xpiration ate	Title	or Nu of	nount mber ares					
Restricted Stock Unit (RSU)	\$0.0000	09/15/2015		1	М			20,000	09/	(15/2015 ⁽¹⁾		(1)	Comm Stock-\$.16- 2/3 value	20	,000	\$0.0000	20,00	00	D	

Explanation of Responses:

1. The Restricted Stock Units granted to the reporting person on September 15, 2014 (the "Original Grant Date") vest in equal installments on the first and second anniversaries of the Original Grant Date. Upon the vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company.

Cynthia M. McMakin,

Associate General Counsel, by 09/16/2015

Power of Attorney

** 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.