## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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	OMB Number:	3235-0287
	Estimated average bu	urden
1	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

See Instru	iction 10.																		
Name and Address of Reporting Person*     Nakamura Katsufumi						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]							(Ct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				vner	
(Last) (First) (Middle) C/O ANALOG DEVICES, INC. 1 ANALOG WAY						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024								SVP, Customer Support Group					
(Street) WILMINGTON MA 01887  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Table	I - Non-	Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or Be	neficia	Ily Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			<u> </u>	Instr.	7. 5)			Benefic Owned Reporte	es Forn ially (D) o Following (I) (II d		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)		
					Code V Amount (A) or (D) Price (Instr. 3 and				and 4)										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  5. Conversion Date (Month/Day/Year)		on Date, Transac					6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Performance- Based Restricted Stock Unit	\$0	12/10/2024			A		489		03/15/2	2024	(1)	Comm Stock - \$.16- 2/3 value	489	\$0	1,132		D		

## **Explanation of Responses:**

1. Represents shares of common stock of the Issuer to be issued to the Reporting Person on March 15, 2025 (the "Vesting Date"), subject to the Reporting Person's continued service through the Vesting Date, as a result of the certification by the Issuer's Compensation and Talent Committee on December 10, 2024 of the achievement, at 176.2% of the target established, of pre-established performance parameters relating to the Issuer's financial performance with respect to the performance-based restricted stock units granted to the Reporting Person on April 2, 2022.

## Remarks:

/s/ Shelly Shaw, General
Counsel, by Power of Attorney
\*\* Signature of Reporting Person

12/12/2024

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.