FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20549	
STATEMENT	OF CHANGES IN BENEF	ICIAL OWNERSHIP

washington,	D.C. 20549	

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

1. Name and Address of Reporting Person* <u>EVANS BRUCE R</u>					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								Relationship of Reporting F (Check all applicable) X Director			rting Perso	Person(s) to Issuer 10% Owner				
(Last) (First) (Middle) P.O. BOX 9106 ONE TECHNOLOGY WAY					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2016								Officer (give title Other (specify below) below)					ecify			
ONE TE	CHNOLOC	JY WAY			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NORWOOD MA 02062-9106													X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)																					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Date,			Transaction Disposed Of Code (Instr.			s Acquired (A) or f (D) (Instr. 3, 4 and 5)		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	- 1	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Comm St	ock-\$.16-2/	/3 value		03/09	/2016				M		990	A	\$0.000	00	990		D				
Comm St	ock-\$.16-2/	/3 value													36		I In M		ami nves	Evans mily vestment anagement C	
Comm Stock-\$.16-2/3 value													10,064		Inve		M ana	vans etment ngement			
			Table I								posed of , converti				Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/D		ion Date, Tr		ransaction ode (Instr.				6. Date Exerci Expiration Da (Month/Day/Ye		e	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivativ Security		deriva Secur Benet Owne Follow Repor	rities ficially ed wing rted action(s)	Ownership Form: Direct (D)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	ber							
Non- Qualified Stock Option (right to buy)	\$54.93	03/09/2016			A		7,640		(1)		03/09/2026	Comm Stock-\$.10 2/3 value		40	\$0.0000	7	7,640	0 D			
Restricted Stock Unit (RSU)	\$0.0000	03/09/2016			M			990	(2)		(2)	Comm Stock-\$.10 2/3 value		00	\$0.0000	0.0000		D			
Restricted Stock Unit (RSU)	\$0.0000	03/09/2016			A		1,850		03/09/20)17 ⁽³⁾	(3)	Comm Stock-\$.16 2/3 value		50	\$0.0000	1	.,850	D			

Explanation of Responses:

- 1. This option vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 9, 2016, or the date of the Company's next Annual Meeting of Shareholders.
- 2. In accordance with the terms of the grant, this RSU vested 100.00% on March 9, 2016, the date of the Company's 2016 Annual Meeting of Shareholders. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.
- 3. This RSU vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 9, 2016, 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.

Cynthia M. McMakin,

Associate General Counsel, by 03/11/2016

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.