FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	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

1. Name and Address of Reporting Person* <u>FULLER SAMUEL H</u>						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					
(Last)	,	irst)		3. Date of Earliest Transaction (Month/Day/Year) 03/19/2012								- X Officer (give title Other (specify below) VP, RESEARCH & DEVELOPMENT								
THREE TECHNOLOGY WAY							ndme	nt. Date	of Origina	l File	ed (Month/D	6.	6. Individual or Joint/Group Filing (Check Applicable							
(Street) NORWOOD MA 02062-9106						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tal	ole I - N	Non-Der	ivativ	e Se	curi	ties A	cquired	, Di	sposed	of, or Be	eneficia	lly C	wned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	(A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Comm Stock-\$.16-2/3 value 03/19/20						12		М	T	5,000	A	\$28.0	2	10,040			D			
Comm Stock-\$.16-2/3 value 03/19/20					2012	2		S		5,000	D	\$40.2718(1)		5,040			D			
			Table I								posed of convert			/ Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date se (Month/Day/Year) Exc if a (Mo				action (Instr.	ı of		6. Date Exercisable Expiration Date (Month/Day/Year)		e	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i C F Ily C (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to	\$28.02	03/19/2012			М			5,000	(2)		09/28/2014	Comm Stock-\$.16 2/3 value	- 5,000	\$	0.0000	43,999		D		

Explanation of Responses:

- 1. These shares were disposed of in multiple transactions on March 19, 2012 at actual sales prices ranging from \$40.270 to \$40.272 per share. The price reported reflects the weighted average sale price for the transactions. The reporting person undertakes to provide upon request by SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. This option vests in equal installments on the first, second and third anniversaries of the original grant date, which was September 28, 2009.

Kevin P. Lanouette, Assistant General Counsel, by Power of

03/21/2012

<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.