FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours nor reenance | | | | | | | | |

| | ss of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---------------------------------------|-----------------------|------------|---|---|---|-----------------------------|--|--|
| MARSHALL ROBERT R | | | | x | Director Officer (give title | 10% Owner Other (specify | | |
| (Last) P.O. BOX 9106 ONE TECHNO | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2014 | | below) VP, WORLDWII | below) DE MFG. | | |
| | | | 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 Repo Form filed by More thar Person | 5 | | |
| (City) | (State) | (Zip) | | | Peison | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|--------------|---|----------------------------|---|---------|---|---|---|--|
| | | | Code | v | Amount (A) or (D) Price | | Price | Transaction(s) (Instr. 3 and 4) | | (incur i) | |
| Comm Stock-\$.16-2/3 value | 01/07/2014(1) | | F | | 749 | D | \$49.33 | 12,553 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, Transaction Code (Instr. | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | Expiration Date Arr (Month/Day/Year) See Un De | | | nt of ties lying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|----------------------------------|---|--|---|---|--------------------|-------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. On January 7, 2014, the Company withheld additional shares of Common Stock to satisfy certain tax liabilities of the reporting person incident to the vesting on January 4, 2014 of Restricted Stock Units, previously reported.

| <u>Kevin P. Lanouette, Assistant</u> | |
|--------------------------------------|------------|
| <u>General Counsel, by Power of</u> | 01/08/2014 |
| <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.