FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

•

OMB APE	ROVAL
OMB Number:	3235-0287

0.5

OMB Number: 3235
Estimated average burden
hours per response:

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

						ui sec	כ ווטוו	0(11) 01 111	e mvesum	ent	Joinpany Act	01 1940							
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FISHMAN JERALD					-	III III O DE TIODO III (ADI)								X Director		-	10% Owne		/ner
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							-	X Office below				Other (s below)	pecify
P.O. BOX 9106							03/30/2012								PRESIDENT & CEO				
THREE	TECHNOL																		
		— [4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														X Form filed by One Reporting Person					
NORWOOD MA 02062-9106															Form filed by More than One Reporting Person				ing
(City) (State) (Zip)																			
		Та	ıble I - N	lon-De	rivati	ve S	ecur	ities A	cquired	l, D	isposed o	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	Form (D) o	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)			(Instr. 4)
Comm Stock-\$.16-2/3 value 03/30/20							12		М		10,000	A	\$19.	39	431	31,348		D	
Comm Stock-\$.16-2/3 value 03/30/20)12		S		10,000	D	\$40.44).4425 ⁽¹⁾		421,348		D		
			Table I								posed of converti			y Ov	vned				
4 7:416		0. 7		· •		5, ca	<u> </u>								Duine of			10	A4 Notono
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		on of		6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		ties ng Derivati	ve S	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab	ole	Expiration Date	Title	Amou or Numb of Share	er					
Non- Qualified Stock Option (right to buy)	\$19.89	03/30/2012			М			10,000	09/24/200	14 ⁽²⁾	09/24/2012	Comm Stock-\$.1 2/3 value	6- 10,00	00	\$0.0000	30,00	0	D	

Explanation of Responses:

1. These shares were disposed of in multiple transactions on March 30, 2012 at actual sales prices ranging from \$40.4030 to \$40.4820 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 vested in equal installments on the second, third, fourth and fifth anniversaries of the original grant date. The option was fully vested as of September 24, 2007 in accordance with its terms.

Kevin P. Lanouette, Assistant
General Counsel, by Power of 04/03/2012

<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.