FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0       |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| noure per response:      | 0.5 |  |  |  |  |  |  |  |

| $\Box$        | Check this box if no longer subject to Section 16. |
|---------------|----------------------------------------------------|
|               | Form 4 or Form 5 obligations may continue. See     |
| $\overline{}$ | Instruction 1(h)                                   |

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

| Name and Address of Reporting Person*     Jain Vivek |                                                                                                                                              |                                              |                                         |                        | 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 |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|-----------------|------------------------------------------------|-------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|--|
|                                                      |                                                                                                                                              |                                              |                                         |                        |                                                                        |                                                                                                    |          |                                                               |                 | X                                              | Officer (give ti                                                  |            |                                                                                                                                                 | ecify below)                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
| (Last) (First) (Middle) ONE ANALOG WAY               |                                                                                                                                              |                                              |                                         |                        | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2022            |                                                                                                    |          |                                                               |                 |                                                |                                                                   |            |                                                                                                                                                 | SVP, Global Operations                                                                     |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
| (Street) WILMINGTON                                  | MA                                                                                                                                           |                                              | 887                                     |                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |                                                                                                    |          |                                                               |                 |                                                |                                                                   | 6. Individ | i. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person |                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
| (City)                                               | (State)                                                                                                                                      | (Zip                                         | 0)                                      |                        |                                                                        |                                                                                                    |          |                                                               |                 |                                                |                                                                   |            |                                                                                                                                                 |                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
|                                                      |                                                                                                                                              |                                              | Table I -                               | Non-D                  | erivativ                                                               | e Securi                                                                                           | ities Ac | quired,                                                       | Disp            | osed of                                        | , or Be                                                           | eneficiall | / Owned                                                                                                                                         |                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
| Dat                                                  |                                                                                                                                              |                                              | Date                                    | nsaction<br>h/Day/Year | 2A. Deer<br>Execution                                                  |                                                                                                    |          |                                                               |                 | urities Acquired (A) or Dispose<br>3, 4 and 5) |                                                                   |            | ed Of (D) 5. Amount of Se<br>Beneficially Ow<br>Following Repo                                                                                  |                                                                                            | ned Direct (D) or                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Nature of<br>Indirect<br>Beneficial        |                                                                    |  |
| \(\frac{1}{\cdots}\)                                 |                                                                                                                                              |                                              |                                         | '                      | (Month/Day/Year)                                                       |                                                                                                    | Code     | v                                                             | Amount          |                                                | (A) or (D)                                                        | Price      | Transaction(s) (Instr. 3 and 4)                                                                                                                 |                                                                                            | ''' '                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ownership<br>(Instr. 4)                       |                                                                    |  |
| Comm Stock - \$.16-2/3                               | Stock - \$.16-2/3 value 08/25/2022                                                                                                           |                                              |                                         |                        |                                                                        | S                                                                                                  |          | 14,000 D \$1                                                  |                 | \$165.627(1)                                   | 18,271                                                            |            | Ι                                                                                                                                               | )                                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
|                                                      | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                              |                                         |                        |                                                                        |                                                                                                    |          |                                                               |                 |                                                |                                                                   |            |                                                                                                                                                 |                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                    |  |
| Security (Instr. 3)                                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative                                                                                    | version cercise (Month/Day/Year) e of vative | Execution Date, if any (Month/Day/Year) | 4. Trans<br>Code (In   |                                                                        | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |          | 6. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |                 | e                                              | 7. Title and Amount of Se<br>Underlying Derivative Se<br>3 and 4) |            |                                                                                                                                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned | e Oversie Over | wnership<br>orm: Direct<br>) or<br>direct (I) | 11. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                      | Security                                                                                                                                     |                                              |                                         | Code                   | v                                                                      | (A)                                                                                                | (D)      | Date<br>Exercis                                               | Expiration Date |                                                | Nu                                                                |            | Amount or<br>Number of<br>Shares                                                                                                                |                                                                                            | Following<br>Reported<br>Transaction<br>(Instr. 4)                | ´  `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Instr. 4)                                    |                                                                    |  |

## Explanation of Responses:

1. The price reported above reflects the weighted average price. These shares were sold in multiple transactions at prices ranging from \$165.50 to \$165.76, inclusive. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

## Domorko

/s/ Shelly Shaw, Associate General Counsel, by Power of Attorney

\*\* Signature of Reporting Person

08/29/2022

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Janene Asgeirsson, Shelly Shaw, Jeann

- Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Janene Asgeirsson, Shelly Shaw, Jeann individually, as the undersigned's true and lawful attorney-in-fact with full power and authority as hereinafter described to:

  (1) prepare, execute and file on behalf of the undersigned Form ID in order to obtain access codes for the undersigned to permit filii (2) prepare, execute and file on behalf of the undersigned all Fonns 3, 4 and 5 (including any amendments thereto) that the undersigne as a result of the undersigned's ownership of or transactions in securities of Analog Devices, Inc. (the "Company"), in accordance with Section (3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Conditional administrators and trustees, and the undersigned hereby authorizes any such person to release any such information to such attorney-in-fact and (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall may approve in such attorney-in-fact's discretion.

  The undersigned bereby greats to each such attorney-in-fact full power and authority to do and perform any and every act and thing which the documents are called the power and authority to do and perform any and every act and thing which the documents are called the power and authority to do and perform any and every act and thing which

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perfonn any and every act and thing who rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full posttorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney-in-fact. foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming or relieving, nor is the Company of the Exchange Act. The undersigned acknowledges that neither the Company nor the foregoing attorneys-in-fact assume (i) any liability for the any liability of the undersigned for any failure to comply with such requirements, or (iii) any obligation or liability of the undersigned for

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 23rd day of January, 2022.

/s/ VIvek Jain VIvek Jain