FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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

Little Mark M		Date of Event equiring Staten Month/Day/Year 1/17/2017	nent	3. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]							
(Last) ONE TECHN	(First) OLOGY WAY	(Middle)				ationship of Reporting Perso k all applicable) Director	n(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
PO BOX 9106					Officer (give title below)		Other (spe below)		5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) NORWOOD	MA	02062								y More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate		itle and Amount of Securit derlying Derivative Securit		4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	е	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Mark M. Little 01/27/2017

** 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 5 (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.