FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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*  ROCHE VINCENT						2. Issuer Name <b>and</b> Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]								5. Relationship of Reporting (Check all applicable)  Ultractor			son(s) to Iss			
(Last) ONE AN	Last) (First) (Middle)  NE ANALOG WAY					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024								Officer (give title below)  Chair & CEO			specify			
(Street) WILMINGTON MA 01887				_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								edividual or Joint/Group Filing  Form filed by One Represent form filed by More that Person			orting Perso	n			
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication															
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic Owned	s Form		n: Direct or Indirect nstr. 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 06/03/2					/2024	2024					10,000	A	\$91.1	3 61,038.973		D				
Comm Stock - \$.16-2/3 value 06/03/2					/2024	2024			S		10,000(1)	D	\$235.0	\$235.09 51,038.973			D			
Comm Stock-\$.16-2/3 value														55,000			I <sup>(2)</sup>	Vincent Roche 2023 Grantor Retained Annuity Trust		
	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. Deem Execution if any (Month/D	n Date,	Date, Transa		of		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$91.13	06/03/2024			M	10,000 03/29/2019 <sup>(3)</sup> 03/29/2028 Comm Stock - \$.16-2/3 value 10,000 \$91.13		80,017 D		D										

## **Explanation of Responses:**

- $1.\ These \ shares \ were \ sold \ pursuant \ to \ a \ 10b5-1 \ plan \ adopted \ by \ the \ Reporting \ Person \ on \ March \ 1, \ 2024.$
- 2. Shares held by the Vincent Roche 2023 Grantor Retained Annuity Trust dated August 25, 2023.
- 3. This option is fully vested.

## Remarks:

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

06/04/2024

\*\* 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.