FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20	1549	
STATEMENT OF C	HANGES IN BE	NEFICIAL OWN	ERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours nor recognises:	0.5								

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

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

See Instru	iction 10.																	
Name and Address of Reporting Person* Cotter Martin				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						
(Last) ONE ANA	(First) (Mi	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024							Officer (give title below) SVP, Vertical Business Units					
(Street) WILMING (City)	TON MA		887 p)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D:			Execution Date,		3. Transa Code (8)							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	Transac (Instr. 3	tion(s)			msu. 4)	
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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Performance- Based Restricted Stock Unit	\$0	12/10/2024			A		5,137		03/15/2	2025	(1)	Comm Stock - \$.16- 2/3 value	5,137	\$0	11,879		D	

Explanation of Responses:

1. Represents shares of common stock of the Issuer to be issued to the Reporting Person on March 15, 2025 (the "Vesting Date"), subject to the Reporting Person's continued service through the Vesting Date, as a result of the certification by the Issuer's Compensation and Talent Committee on December 10, 2024 of the achievement, at 176.2% of the target established, of pre-established performance parameters relating to the Issuer's financial performance with respect to the performance-based restricted stock units granted to the Reporting Person on April 2, 2022.

Remarks:

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

12/12/2024

** 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.