FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasiliilutuii,	D.C.	20343

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* <u>GIUDICE WILLIAM</u>						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 Officer (give title Other (specify)						
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2005										- X Officer (give title Other (specify below) VP & GEN MGR, MCRO PROD DIV						
THREE TECHNOLOGY WAY					4. If Amendment, Date of Original Filed (Month/Day/Year)											6 Individual or Joint/Croup Filing (Check Applies No.						
(Street) NORWOOD MA 020629106			_	4. II Amendment, Date of Original Fliet (MORU/Day/Teal)											Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(5	State)	(Zip)														Person					
		Та	ble I - Nor	n-Deri	ivativ	ve Se	curi	ties A	Acqu	ired, I	Disp	osed	of, o	r Ben	eficia	ally	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		ite,	Transaction Di			Securities Acquired (A) sposed Of (D) (Instr. 3, 4					s lly ollowing	Form (D) o	: Direct I r Indirect I str. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)			
										Code	V	Amount		(A) or (D)	Price		Transacti (Instr. 3 a	tion(s)			(iiisti. 4)	
Comm Stock-\$.16-2/3 value			01/0)7/20	7/2005				M		3,00	0	A	\$23	\$23.74		3,000		D			
Comm Stock-\$.16-2/3 value			01/0	07/20	7/2005			S			3,000		D	\$35	\$35.75		0		D			
			Table II -									sed of					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,		ransaction Code (Instr.		of Ex		5. Date Exercisab Expiration Date Month/Day/Year)		e and	7. Title and Amou of Securities Underlying Deriv Security (Instr. 3 4)		s Derivati	Derivative tive Security		9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4)	e Ow s For lly Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration te	Title		Amou or Numb of Share	er						
Non- Qualified Stock Option (right to buy)	\$23.74	01/07/2005			M			3,000	02/03	3/2004 ⁽¹⁾	02	/03/2013	Comm Stock-\$.16- 2/3 value		3,00	0	\$0	90,00	0	D		
Non- Qualified Stock Option (right to buy)	\$37.38								06/02	2/2005 ⁽²⁾	06	/02/2013	Stock	omm k-\$.16- value	669)		669		D		
Non- Qualified Stock Option (right to buy)	\$45.27								12/10	0/2006 ⁽³⁾	12	/10/2013	Stock	omm k-\$.16- value	45,00	00		45,00	0	D		
Non- Qualified Stock Option (right to	\$37.7								12/07	7/2007 ⁽³⁾	12	/07/2014	Stock	omm k-\$.16- value	65,00	00		65,00	0	D		

Explanation of Responses:

- 1. This is a vesting schedule. 20% vests one, two, three, four and five years from grant date.
- 2. This is a vesting schedule. 100% vests two years from grant date.
- 3. This is a vesting schedule. 33.33% vests three, four and five years from grant date.

By: WILLIAM A. MARTIN,

01/07/2005

Attny In Fact ** 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.