FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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*						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ROCHE VINCENT					-	The state of the s										Director		10% Own		ner
(Last)	(F	irst)	(Middle)		3.	Date o	of Earl	iest Tra	ansaction (Month/Day/Year)						X	Officer (below)	Officer (give title below)			pecify
P.O. BOX	X 9106	09	09/02/2014											Presider	ıt & (	CEO				
ONE TECHNOLOGY WAY																				
ONE TECHNOLOGI WAI							4. If Amendment, Date of Oxiginal Filed (Month/Dev/Mear)												/OL LA	
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										ndividual or Joint/Group Filing (Check Applicable				
NORWOOD MA 02062-9106				16										X	Form filed by One Reporting Person					
			,	_											Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)													Person				
		Ta	ble I - Noi	n-Deriv	vativ	re Se	curi	ties A	cqı	uired, I	Disp	osed	of, or Ber	nefic	ially	Owned				
Date				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securities Beneficia Owned Fo		s For ally (D) following (I) (		: Direct   I Indirect   I	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(A) or (D)	Pric	се		oorted nsaction(s) etr. 3 and 4)			(Instr. 4)
Comm Stock-\$.16-2/3 value 09/02/							/2014			M		8,00	0 A	\$3	33.41	24,	24,723		D	
Comm Stock-\$.16-2/3 value 09/02					2/201	/2014				S <sup>(1)</sup>		8,00	00 D \$		51.1	16,723			D	
			Table II -													wned				
					puts	, can	_						ible secu		_					
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, T	4. Transaction Code (Instr. 8)		of Deri Seci Acq (A) ( Disp of (E	oosed D) tr. 3, 4	Exp	oate Exerc piration Da pnth/Day/\	ate	e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Securi		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		kpiration ate	Title	Amo or Num of Sha						
Non- Qualified Stock Option (right to	\$33.41	09/02/2014			М			8,000	01/0	04/2008 <sup>(2)</sup>	01	/04/2017	Comm Stock-\$.16- 2/3 value	8,0	000	\$0.0000	34,00	0	D	

## **Explanation of Responses:**

- 1. These shares were disposed of in an open market sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. This option vested in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was January 4, 2007.

Kevin P. Lanouette, Assistant
General Counsel, by Power of 09/03/2014
Attorney

\*\* 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.