FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

- 1		
	OMB Number:	3235-0287
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	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* <u>FULLER SAMUEL H</u>									or Tradii E <mark>S IN</mark>		ymbol [ADI]	(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify									
(Last) (First) (Middle) P.O. BOX 9106 THREE TECHNOLOGY WAY					Date 2/09/2		liest Tra	ınsactio	on (Mor	nth/C	ay/Year)		VP, RESEARCH & DEVELOPMENT									
THREE TECHNOLOGY WAT				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)													licable				
(Street) NORWOOD MA 02062-9106											- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person										
(City)	(S	tate)	(Zip)												1 00011							
		Ta	ble I - No	n-Deriv	vativ	re S	ecuri	ties A	Cqui	ired, [Disp	posed (of, o	r Bene	eficial	y Owned						
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I			- 1	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disp Code (Instr.			1. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Benefici Owned I	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct I · Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)		[(Instr. 4)			
Comm Stock-\$.16-2/3 value			12/09	9/200)9				М		5,000	0	A	\$28.7	5 10	.040		D				
Comm Stock-\$.16-2/3 value		12/09/2009)9				M		5,000	0	A	\$28.7	5 15	040		D					
Comm St	Comm Stock-\$.16-2/3 value		12/09	12/09/2009					S		100		D	\$30.2	9 14	14,940		D				
Comm Stock-\$.16-2/3 value		12/09	09/2009					S		4,900	0	D	\$30.29	94 10	10,040		D					
Comm Stock-\$.16-2/3 value 12/09/			9/200	/2009				S		5,000		D	\$30.4	5 5,	,040		D					
			Table II -									osed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transa Code (8)		of I		Expira	6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	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)		
				C	Code	v	(A)	(D)	Date Exerc	cisable		opiration ate	Title		Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$28.75	12/09/2009			M			5,000	11/30/	//2002 ⁽¹⁾	12	2/30/2009	Comm Stock-\$.16- 2/3 value 5,0		5,000	\$0	20,000		D			
Non- Qualified Stock Option (right to buy)			М			5,000	11/30/	//2002 ⁽¹⁾	12	:/30/2009	Stock	Comm Stock-\$.16- 2/3 value 5,000		\$0	15,000		D					

Explanation of Responses:

1. This is a vesting schedule. 33.33% vests three, four and five years from grant date.

Remarks:

By: FRANCIS SARRO,

12/10/2009 Assistant Treasurer, Attny In

** 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.