FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FULLER SAMUEL H						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) P.O. BOX 9106 DNE TECHNOLOGY WAY						f Earl 013	iest Traı	nsaction (M	/lonth	n/Day/Year)		- X Officer (give title Other (specify below) VP, RESEARCH & DEVELOPMENT						
(Street) NORWOOD MA 02062-9106 (City) (State) (Zip)				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tal	ole I - No	on-Der	ivativ	e Se	curi	ties A	cauired	. Di	sposed	of, or Be	neficiall	v Owned					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				action	ion 2A. Deemed Execution Date,			3. Transac	3. Transaction Code (Instr.		ies Acquired Of (D) (Instr.	(A) or	5. Amount of Securities Beneficially Owned Followir		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 04/12/20						013			M		3,333	A	\$28.02	18	18,011				
Comm Stock-\$.16-2/3 value 04/12/20						013		S		3,333	D	\$44.437	(1) 14	14,678					
			Table II									f, or Bend ible secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution	n Date, Trans Code		nsaction de (Instr.		umber vative urities uired or posed D) tr. 3, 4	Expiration	6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forr Dire or In (I) (I	ership i: et (D) direct istr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	ode V	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$28.02	04/12/2013			M			3,333	(2)		09/28/2014	Comm Stock-\$.16- 2/3 value	3,333	\$0.0000	7,500		D		

Explanation of Responses:

- 1. These shares were disposed of in multiple transactions on April 12, 2013 at actual sales prices ranging from \$44.342 to \$44.500 per share. The price reported reflects the weighted average sale price for the transactions. The reporting person undertakes to provide upon request by SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. This option vested in equal installments on the first, second and third anniversaries of the original grant date, which was September 28, 2009.

Kevin P. Lanouette, Assistant General Counsel, by Power of

04/15/2013

<u>Attorney</u>

** 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.