FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	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* 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)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2009										X Officer (give title Other (specify below) VP, RESEARCH & DEVELOPMENT					
THREE	TECHNOL		4 If Amandment Data of Original Filed (Manth/Day)/(cc.)										6. Individual or Joint/Group Filing (Check Applicable								
(Street) NORWOOD MA 02062-9106				06	_ 4. _	4. If Amendment, Date of Original Filed (Month/Day/Year)										Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)																		
		Tal	ble I - No	n-Deri	ivativ	e Se	curi	ties A	cqı	uired, I	Dis	posed	of, or Bei	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/						ear)	2A. Deemed Execution Date if any (Month/Day/Yea			3. Transaction Code (Instr. 8)		4. Secur Dispose	ities Acquire d Of (D) (Inst	d (A) or r. 3, 4 aı	4 and 5) Securitie Beneficia Owned F		s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Comm St	ock-\$.16-2	14/200	2009				M		5,00	0 A	\$28	\$28.75		,040		D					
Comm St	ock-\$.16-2	/3 value		12/1	14/200)9				S		5,00	0 D	\$30	.64	5,0)40	D			
			Table II -										f, or Bene ible secu			wned		,		•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Oate Exerc biration D onth/Day/	ate		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	de V		(D)	Dat Exe			xpiration ate	Title	Amou or Numb of Share	er						
Non- Qualified Stock Option (right to buy)	\$28.75	12/14/2009			M			5,000	11/3	30/2002 ⁽¹	12	:/30/2009	Comm Stock-\$.16- 2/3 value	5,00	0	\$0	5,000)	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,

Assistant Treasurer, Attny In 12/15/2009

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.