FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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>HODGSON JOHN C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] | | | | | | | | | | elationship eck all appli X Direct | cable) | g Pers | son(s) to Iss 10% Ov | |
|--|---|--|---|---------|--|--|---|-----|--|-----------------------------|----------|----------------|--|-------|--|---|--|--------|--|---|
| (Last) P.O. BOX ONE TE | X 9106 | (First) (Middle) 106 NOLOGY WAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2013 | | | | | | | | | | below | | | Other (s below) | |
| (Street) NORWOOD MA 02062 | | | | 06 | - 4. I - | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. In Line | | | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) | | | | n_Deriv | /ative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ar) if | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. | | | urities Acquired (A) osed Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefic Owned | nt of 6. 0 es For (D) Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code V | _ | Amount | (A) (D) | or | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Comm Stock-\$.16-2/3 value 01/05/2 | | | | | | .013 | | | | M | | 675 | i A | | \$0.000 | 0 8 | 605 | | D | |
| | | - | Table II - | | | | | | | | | | f, or Be | | | Owned | | | | |
| 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/Da | Date, | 4. Transactic Code (Ins | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | | | e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Dat Exe | e ercisable | Ex Da | piration te | Title | | Amount or Number of Shares | | | | | |
| Restricted Stock Unit (RSU) | (1) | 01/05/2013 | | | М | | | 675 | | (2) | | (2) | Comm Stock-\$.1 2/3 valu | | 675 | \$0.0000 | 0.000 | 0 | D | |

Explanation of Responses:

- 1. Upon the vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company. Notwithstanding, the Company may elect, in its sole discretion, to deliver cash in lieu of each share of common stock, in an amount equal to the closing price of the common stock on the vesting date.
- 2. The Restricted Stock Units granted to the reporting person on January 5, 2010 (the "Original Grant Date") vest in equal installments on the first, second and third anniversaries of the Original Grant Date.

Kevin P. Lanouette, Assistant 01/08/2013 General Counsel, by Power of

Date

Attorney

** Signature of Reporting Person

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.