FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERS	SHIP

igton, D.C. 20549	OMB APPROVAL

	OMB Number: Estimated average burd	3235-0287
	Estimated average burd	len
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* SEVERINO PAUL J				2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SEVERINO PAUL J			- 1							_			X Director	r		10% Ov	/ner		
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/05/2010							Officer (give title Other (spec below) below)				pecify	
THREE TECHNOLOGY WAY				-	If Amendment, Date of Original Filed (Month/Day/Year)								6.1	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)								Lin	Line) X Form filed by One Reporting Person					
NORWOOD MA 02062-9106													Form filed by More than One Reporting Person						
(City) (State) (Zip)														r GISUII					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			ate	2A. Deemed Execution Date, if any (Month/Day/Year)			te, Tr	Code (Instr. 5)			d (A) or r. 3, 4 and	Beneficia Owned F	s Form		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							C	ode V	/ Am	Amount (A) or (D)			Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Cod	saction of E		Expiration Date (Month/Day/Year) U		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia General Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Code	e V	(A)	(D)	Date Exercis	sable	Expirat Date	tion	Title	Amount or Number of Shares	1					
Non- Qualified Stock Option (right to buy)	\$31.62	01/05/2010		A		7,500		01/05/2	2011 ⁽¹⁾	01/05/2	2020	Comm Stock-\$.16- 2/3 value	7,500	\$0	7,50	0	D		
Restricted Stock Unit (RSU)	\$0 ⁽²⁾	01/05/2010		A		2,025		(1	1)	(3)		Comm Stock-\$.16- 2/3 value	2,025	\$0	2,02	5	D		

Explanation of Responses:

- 1. --This is a vesting schedule. 33.33% vests one, two & three years from grant date.
- 2. Upon each 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 shares of common stock, in an amount equal to the closing price of the common stock on the NYSE on the vesting date.
- 3. Not Applicable

Remarks:

By: FRANCIS SARRO,

Assistant Treasurer, Attny In 01/07/2010

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.