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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	OMB APPROVAL									
	OMB Number: 3235-0287									
l	Estimated average burden									
I	hours per response:	0.5								

1. Name and Address of Reporting Person* <u>ISTEL YVES ANDRE</u>			2. Issuer Name and Ticker or Trading Symbol <u>ANALOG DEVICES INC</u> [ADI]		ionship of Reporting Person all applicable) Director	n(s) to Issuer 10% Owner	
(Last) P.O. BOX 9106	BOX 9106		3. Date of Earliest Transaction (Month/Day/Year) 03/13/2013		Officer (give title below)	Other (specify below)	
ONE TECHNOLOGY WAY			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)				X	Form filed by One Reporti	ng Person	
NORWOOD MA 02062-9106		02062-9106			Form filed by More than C Person	one Reporting	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or Price Trai		Transaction(s) (Instr. 3 and 4)		(11541.4)	
Comm Stock-\$.16-2/3 value	03/13/2013		М		1,610	Α	\$0.0000	12,285	D	

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/Year)	4. Transa Code (8)		5. Numl Derivati Securiti Acquire or Disp of (D) (I 4 and 5	ive es ed (A) osed nstr. 3,	6. Date Exerci Expiration Dat (Month/Day/Ye	e	of Securities			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Non- Qualified Stock Option (right to buy)	\$46.48	03/13/2013		A		11,860		(1)	03/13/2023	Comm Stock-\$.16- 2/3 value	11,860	\$0.0000	11,860	D	
Restricted Stock Unit (RSU)	\$0.0000	03/13/2013		A		1,940		(2)	(2)	Comm Stock-\$.16- 2/3 value	1,940	\$0.0000	1,940	D	
Restricted Stock Unit (RSU)	\$0.0000	03/13/2013		М			1,610	03/13/2013 ⁽³⁾	(3)	Comm Stock-\$.16- 2/3 value	1,610	\$0.0000	0.0000	D	

Explanation of Responses:

1. This option vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 13, 2013, or the date of the Company's next Annual Meeting of Shareholders.

2. This RSU vests 100.00% on the earlier of the first anniversary of the original grant date, which was March 13, 2013, or the date of the Company's next Annual Meeting of Shareholders. Upon the vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company.

3. This RSU vested 100.00% on March 13, 2013. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

<u>Kevin P. Lanouette, Assistant</u>	
General Counsel, by Power of	03/14/2013
<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.