FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. | 2054 |
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| | | |

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| netruction 1(h) | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |
| haiira nar raananaa. | 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* SEIF MARGARET K | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] | | | | | | | | | | | all app | licable) | g Pe | erson(s) to Is 10% O Other (| |
|--|---|------------|-------------|-----------------------------|--|--|---|--------|-----|-------------------------------------|-----------|--------------------|---------------|--|--|--------|------------------------------------|----------|--|--|-------|
| (Last) P.O. BOX | • | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2019 | | | | | | | | | | below) below) SVP, CPO and CLO | | | | |
| (Street) NORWOOD MA 02062-9106 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curit | ies Ad | qu | ıired, C | Pisp | osed o | f, or | Be | neficia | ally (| Owne | d | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | . | Code (Instr. | | | | | 4 and Secur Benef | | ies cially Following | Fori | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | V | Amount | (A) o (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (5 4) |
| Comm St | ock - \$.16- | 2/3 value | | 03/09 | 9/2019 | 2019 | | | | М | | 6,560 | 6,560 A | | \$ | 0 | 20,077 | | D | | |
| | | Ta | able II - I | | | | | | | | | sed of, onvertib | | | | y Ov | wned | | | · | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | | 4. Transa Code (1 8) | | of E | | | Date Exei piration I onth/Day | Amount of | | | of s ng e | 8. Price of Derivative Security (Instr. 5) | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da: | ite ercisable | | Expiration Date | Title | 1 | Amount or Number of Shares | | | | | | |
| Restricted Stock Unit (RSU) | \$0.0 | 03/09/2019 | | | М | | | 6,560 | 03/ | /09/2019 ^{(:} | L) | (1) | Stoc: - \$.16 | k 5- | 6,560 | | \$0 | 0 | | D | |

Explanation of Responses:

1. The Restricted Stock Units granted to the Reporting Person on March 9, 2016 (the "Original Grant Date") vested 100% on the third anniversary of the Original Grant Date. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

Remarks:

/s/ Cynthia M. McMakin, Assistant General Counsel, by 03/11/2019 Power of Attorney

** 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.