FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1 | ONB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | 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* MCADAM ROBERT P (Last) (First) (Middle) | | | | | Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI] Jate of Earliest Transaction (Month/Day/Year) 01/05/2009 | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP, STANDARD LINEAR PROD DIV | | | | | |
|--|--|------------|----------------|---|---|----------|-----|----------------------------------|--|-----------------------------------|---|--|--|--|---|---|--|---|--|
| P.O. BOX 9106 THREE TECHNOLOGY WAY | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NORWOOD MA 0206 | | 02062-9106 | | Li | | | | | | Line | Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non-De | erivati | ve Se | | | cqu | ired, Di | <u> </u> | | - | | Owned | | | | | |
| Date | | | | action 2A. Deeme Execution Day/Year) if any (Month/Day | | on Date, | | Transaction Dispose Code (Instr. | | ties Acquired d Of (D) (Instr. | (A) or . 3, 4 and 5 | 5. Amoun Securities Beneficial Owned Fo Reported | s For | | Direct I Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code V | V Amount | | (A) or (D) | Price | Transaction | nsaction(s) str. 3 and 4) | | | ,oa. 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) | of 2. 3. Transaction tive Conversion Date Execution Date, or Exercise (Month/Day/Year) and Exercise (Month/Day | | | | | of E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Deriva Security (Instr. 3 a 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Expi Date | iration e | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$19.57 | 01/05/2009 | | A | | 75,000 | | 01/0 | 5/2010 ⁽¹⁾ | 01/0 | 05/2019 | Comm Stock-\$.16- 2/3 value | 75,000 | \$0 | 75,00 | 0 | D | | |

Explanation of Responses:

1. --This is a vesting schedule. 20% vests one, two, three, four and five years from grant date.

Remarks:

By: FRANCIS SARRO,

Assistant Treasurer, Attny In 01/07/2009

Fact

** Signature of Reporting Person Da

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.