FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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									
Estimated average burden									
hours per response:	0.5								

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ROCHE VINCENT		Director 10% Owner					
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title Other (specify below)					
ONE ANALOG WAY	01/02/2025	Chair & CEO					
(Street)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
WILMINGTON MA 01887		Form filed by One Reporting Person					
(City) (State) (Zip)	-	Form filed by More than One Reporting Person					

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Comm Stock - \$.16-2/3 value	01/02/2025		М		10,000	A	\$91.13	31,982.973	D	
Comm Stock - \$.16-2/3 value	01/02/2025		S		10,000(1)	D	\$215.49	21,982.973	D	
Comm Stock-\$.16-2/3 value								34,828	I (2)	Vincent Roche 2023 Grantor Retained Annuity Trust
Comm Stock-\$.16-2/3 value								43,515	<mark>I</mark> (3)	Vincent Roche 2024 Grantor Retained Annuity Trust

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)		of Deri Sec Acq (A) Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	6. Date Exerci Expiration Dat (Month/Day/Ye	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$91.13	01/02/2025		М			10,000	03/29/2019 ⁽⁴⁾	03/29/2028	Comm Stock - \$.16- 2/3 value	10,000	\$91.13	10,017	D	

Explanation of Responses:

1. These shares were sold pursuant to a 10b5-1 plan adopted by the Reporting Person on March 1, 2024.

2. Shares held by the Vincent Roche 2023 Grantor Retained Annuity Trust dated August 25, 2023.

3. Shares held by the Vincent Roche 2024 Grantor Retained Annuity Trust dated October 3, 2024.

4. This option is fully vested.

Remarks:

/s/ Shelly Shaw, General Counsel, by Power of Attorney

01/03/2025

** Signature of Reporting Person Date * 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.