FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average I	burden								
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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

Name and Address of Reporting Person*     SICCHITANO KENTON J						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SICCHITANO KENTON J														X Direct	or		10% Ov	/ner		
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/13/2012								Officer (give title below)			Other (s below)	pecify		
		77777777																		
ONE TECHNOLOGY WAY							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														•	filed by One	Dono	rting Dorsor	,		
NORWOOD MA 02062-9106			106										Form	Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)												1 0100	•							
		Ta	ble I - N	on-Der	ivativ	/e Se	curi	ties A	cquired	, Di	sposed	of, or Be	neficial	y Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 aı		Benefic Owned	es ially Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)			
Comm Stock-\$.16-2/3 value 07/13/20						:012		М		9,000	A	\$26.13	3 17	,430		D				
Comm Stock-\$.16-2/3 value 07/13/20						:012		S		9,000	D	\$36.172	(1) 8	,430		D				
			Table II									f, or Ben		Owned				*		
				(e.g.,	puts	, call	ls, w	arrant	s, optio	ns,	convert	ible secu	ırities)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exect (Month/Day/Year) if any	3A. Deem Executior if any (Month/Da	n Date,		Transaction Code (Instr.		ı of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Securiti Underlying Derivative (Instr. 3 an	es Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	E C S F Illy D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	e V (A		(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$26.13	07/13/2012			М			9,000	03/11/2004	(2)	03/11/2013	Comm Stock-\$.16- 2/3 value	9,000	\$0.0000	8,000	)	D			

## **Explanation of Responses:**

1. These shares were disposed of in multiple transactions on July 13, 2012 at actual sales prices ranging from \$36.140 to \$36.200 per share. The price reported reflects the weighted average sale price for the transactions. The reporting person undertakes to provide upon request by SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

2. This option vested in equal installments on the first, second and third anniversaries the original grant date, which was March 11, 2003.

Kevin P. Lanouette, Assistant General Counsel, by Power of 07/16/2012 Attorney

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.