FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPR	OVAL
	OMB Number:	3235-0287
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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

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Name and Address of Reporting Person* Real Peter				2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last) P.O. BOX	,	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/21/2017									X Officer (give title Officer (specify below) SVP & Chief Technology Officer							
OIVE IE	CIIIVOLO	31 77211			4. 1	f Ame	endme	nt. Date	of Ori	ginal F	iled	(Month/Da	v/Year)		6. Individual or Joint/Group Filing (Check Applicable						
(Street) NORWOOD MA 02062-9106				_	4. If Amendment, Date of Original Filed (Month/Day/Year)											Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)													1 013	511				
		Tab	le I - No	n-Deriv	/ative	Se	curit	ies Ac	quir	ed, D)is	oosed of	f, or E	enef	icially	y Owne	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Co	ode V	,	Amount	(A) (D)	or P	rice		ed ction(s) 3 and 4)			(Instr. 4)		
Comm Stock - \$.16-2/3 value				09/21/2017		7				M		4,505	I	1 \$	37.52	13,531			D		
Comm Stock - \$.16-2/3 value				09/21	09/21/2017				S	(1)		4,505	505 D		83.52	9,026			D		
Comm Stock - \$.16-2/3 value																218			I	in Analog Ireland Success Sharing Share Plan	
		T										sed of, o				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date, Transa Code (ction	n of		6. Date Exercisa Expiration Date (Month/Day/Yea		ble and	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8 D S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable		Expiration Date	Title	Amo or Num of Shar	ber						
Non- Qualified Stock Option (right to buy)	\$37.52	09/21/2017			M			4,505	01/04	//2012 ⁽²	2)	01/04/2021	Comm Stock - \$.16- 2/3 value	4,5	05	\$0	4,505		D		

Explanation of Responses:

- 1. These shares were disposed of in an open market sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. This option vested in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was January 4, 2011.

Remarks:

/s/ Cynthia M. McMakin,

Associate General Counsel, by 09/22/2017

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.