FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Golz Karen (Mor			Date of Event equiring Statem Month/Day/Year 6/13/2018	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]						
(Last) ONE TECHN				Relationship of Reporting Persi (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)			_		Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
NORWOOD	MA	02062							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expir			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (I		4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	ı Title	•	Amount or Number of Shares	Price of Derivativ Security			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

<u>/s/ Karen Golz</u> <u>06/25/2018</u>

\*\* Signature of Reporting Person Date

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

- \* If the form is filed by more than one reporting person, see Instruction 5 (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.