FORM 4

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

1	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

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									

1. Name and Address	1 0	n*	2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]		tionship of Reporting Persor all applicable)	n(s) to Issuer			
ROCHE VINC	<u>JENI</u>			1	Director	10% Owner			
(Last) (First)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	1	Officer (give title below)	Other (specify below)			
ONE ANALOG	(First) (Middle) OG WAY		09/03/2024		Chair & CEO				
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (0	Check Applicable			
WILMINGTON	MA	01887		1	Form filed by One Reporti	ng Person			
(City)	(State)	(Zip)			Form filed by More than C Person	one Reporting			

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)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Comm Stock - \$.16-2/3 value	09/03/2024		М		10,000	A	\$91.13	61,038.973	D	
Comm Stock - \$.16-2/3 value	09/03/2024		S		10,000(1)	D	\$228.69	51,038.973	D	
Comm Stock-\$.16-2/3 value								55,000	I (2)	Vincent Roche 2023 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		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	09/03/2024		М			10,000	03/29/2019 ⁽³⁾	03/29/2028	Comm Stock - \$.16- 2/3 value	10,000	\$91.13	50,017	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. This option is fully vested.

Remarks:

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

09/05/2024

** 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.