FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT (OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* EVANS BRUCE R					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) P.O. BOX ONE TE	,	,	(Middle)		03/	3. Date of Earliest Transaction (Month/Day/Year) 03/11/2020 4. If Amendment, Pete of Original Filed (Month/Day/Year)						6	Officer below)	Oth bel	Other (specify elow)				
(Street) NORWC			02062- (Zip)	9106	-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(- 9)				lon-Deri	vative	Sec	uritie	s Ac	auire	d. Di	sposed of	or Be	neficia	ally Owned					
1. Title of Security (Instr. 3) 2. Trans:		2. Transac	tion	2A. E Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)		(A) or	r 5. Amount of Securities Beneficially Owned Follo		6. Owner Form: Di (D) or Inc (I) (Instr.	rect direct 4)	7. Natu Indired Benefi Owner	ct cial ship		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)		
Comm St	ock - \$.16-	2/3 value		03/11/2	03/11/2020		:0		M		2,035	A	\$0	87,075		D			
Comm St	ock - \$.16-	2/3 value												64		I			vans stment agement
Comm Stock - \$.16-2/3 value											36		I		by Evans Family Investment Management LLC				
		Т	able I								posed of,								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa	Transaction Derivative Code (Instr. Securities		of Expiration Date (Month/Day/Year) A) dd r.			and t of ies ying ive	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership of In- Form: Bene Direct (D) Own		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		(Instr.				
Restricted Stock Unit (RSU)	\$0.0	03/11/2020			A		2,210			(1)	(1)	Comm Stock - \$.16- 2/3 value	2,210	\$0	2	2,210	D		
Restricted Stock Unit (RSU)	\$0.0	03/11/2020			М			2,035	5	(2)	(2)	Comm Stock - \$.16- 2/3	2,035	\$0		0	D		

Explanation of Responses:

- 1. This RSU vests 100.00% on the earlier of the date of the Company's next Annual Meeting of Shareholders, or March 11, 2021. Upon the vesting date, each vested RSU shall automatically convert into one (1) share of common stock of the Company.
- 2. In accordance with the terms of the grant, this RSU vested 100% on March 11, 2020, the date of the Company's 2020 Annual Meeting of Shareholders. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

Remarks:

/s/ Kevin P. Lanouette,

03/12/2020 Assistant General Counsel, by

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.