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 b	urden								
houre por roeponeo:	0.5								

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

1. Name and Address of Reporting Person* FISHMAN JERALD						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
F15HIV	IAN JEK	<u>ALD</u>				1 11 1		<u>, , , , , , , , , , , , , , , , , , , </u>	-	<u>LU II (</u>		[ 1101 ]			X	Director			10% Ow	ner		
					-  _									_	X		give title		Other (s	pecify		
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Y											ay/Year)				below)	ECIDEN	TΛN	below)				
P.O. BO	10	10/03/2003										PRESIDENT AND CEO										
THREE	TECHNOL	$\perp$																				
		- <b> </b> 4.	If Ame	endme	ent, Date	of C	)riginal Fi	iled	(Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)					licable						
(Street)																Form filed by One Reporting Person						
NORWOOD MA 020629106																Form filed by More than One Reporting						
(O:t-)	(6	N-+-\	(7:)		_											Person			·			
(City)	(5	State)	(Zip)																			
		Ta	ble I - No	n-Deri	ivativ	e Se	curi	ties A	cqu	یired, ۲	Disp	osed	of, or Ben	eficia	ally	Owned						
1. Title of	Security (Ins	tr. 3)		2. Tran	nsactio			2A. Deemed		3.			ities Acquired							7. Nature of		
					Date (Month/Day/Year)					Transact Code (In		Disposed Of (D) (Instr. 3, 4			´ Beneficia		ally (D)		or Indirect	Indirect Beneficial		
								(Month/Day/Year)		ır) 8)							ned Following (I) ( norted nsaction(s) tr. 3 and 4)			Ownership (Instr. 4)		
						Code V		Amount (A) or Pri		Price	•											
Comm Stock-\$.16-2/3 value 10/09/							/2003			М		10,00	+	\$6.	625	24,898			D			
	•					-				IVI		10,00	70 A	+		24,	030	10 U				
Comm St	tock-\$.16-2	/3 value		10/0	09/200	03				S		10,00	00 D	\$42	.977	14,898			D			
			Table II -	Deriv	ative	Sec	uriti	es Aco	auiı	red. Di	spo	sed of	, or Bene	ficial	lv O	wned						
													ible secui									
1. Title of	2.	3. Transaction	3A. Deemed		4.					6. Date Exercisable Expiration Date Month/Day/Year)		ble and	7. Title and Amou of Securities Underlying Deriv			B. Price of	9. Number		10.	11. Nature of Indirect Beneficial		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D		Transa Code (							1				Derivative Security	derivative Securities		Ownership Form:			
(Instr. 3)	Price of Derivative	(	(Month/Day		8)				````	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Security (Insti				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership		
					(A) or						*'				Following Reported Transaction(s)		(I) (Instr. 4)					
							of (D) (Instr.															
				F			3, 4 and 5)				_				_		(Instr. 4)					
														Amou or	ınt							
									Dat	te	  Fx	piration		Numb of	er							
					Code	v	(A)	(D)		ercisable		ate	Title	Share	s							
Non-				T																		
Qualified Stock	\$6.625	10/09/2003			M			10,000	ا ا	0/04/2001	100	/04/2008	Comm Stock-\$.16-	10.0	00	\$0	370.00	,	D			
Option (right to	φυ.υ23	10/03/2003			171			10,000	09/	104/2001	"	, U4/ 2000	2/3 value	10,0	υυ	Ψυ	370,00	۲	ע			
buy)	l		l																			

**Explanation of Responses:** 

Remarks:

By: WILLIAM A. MARTIN,

10/09/2003

Attny In Fact

\*\* 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.