FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	OMB APPROVAL											
I	OMB Number:	3235-0287										
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0.5

hours per response:

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

## 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

								` '			. ,							
1. Name and Address of Reporting Person*  Zinsner David							2. Issuer Name <b>and</b> Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]								able) r	j Perso	erson(s) to Issuer  10% Owner  Other (specify	
(Last) (First) (Middle) P.O. BOX 9106						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014									(give title President,	Fina	below)	·
ONE TECHNOLOGY WAY  (Street)  NORWOOD MA 02062-9106				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					T Classifi													
		Ta	ble I - N	on-Dei	rivativ	ve Se	ecuri	ities A	cquired	l, Di	sposed (	of, or Be	neficiall	y Owned				
				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			es ally Following	Form	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price		nsaction(s) str. 3 and 4)		(	(Instr. 4)		
Comm Stock-\$.16-2/3 value 07/01/20							014				5,140	A	\$20	34	,644		D	
Comm Stock-\$.16-2/3 value 07/01/20							2014		S <sup>(1)</sup>		5,140	D	\$53.791	(2) 29	29,504		D	
			Table II									f, or Bend ible secu		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	n Date,		ransaction ode (Instr.		of E		s. Date Exercisa Expiration Date Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab	ole	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$20	07/01/2014			М			5,140	02/17/2010	0(3)	02/17/2019	Comm Stock-\$.16- 2/3 value	5,140	\$0.0000	25,700	0	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. These shares were disposed of in multiple transactions on July 1, 2014 at actual sales prices ranging from \$53.730 to \$53.885 per share. The price reported reflects the weighted average sale price for the transactions. The reporting person undertakes to provide upon request by SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price
- 3. This option vested in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was February 17, 2009.

Kevin P. Lanouette, Assistant
General Counsel, by Power of
Attorney

O7/02/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.