ANALOG DEVICES INC

Form 4

August 19, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response...

1(b).

(Print or Type Responses)

1. Name and Ad- STATA RAY		rting Person *	2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)			
			(Month/Day/Year)	X Director 10% Owner			
P.O. BOX 9106, ONE			08/18/2016	Officer (give title Other (specify			
TECHNOLO	GY WAY			below) below)			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
				X Form filed by One Reporting Person			
NORWOOD,	MA 02062	2-9106		Form filed by More than One Reporting			
, , , , , , , , , , , , , , , , , , , ,	,			Person			

(City)	(State)	(Zip) Tal	ble I - Non	-Derivative	e Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	omr Dispos	curities Acquired (A) sposed of (D) . 3, 4 and 5) (A) or unt (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Comm Stock - \$.16-2/3 value	08/18/2016		S	25,000	D	\$ 64.0709	958,709	I	By Mrs. Stata Directly
Comm Stock - \$.16-2/3 value	08/19/2016		S	25,000	D	\$ 64.05	933,709	I	By Mrs. Stata Directly
Comm Stock - \$.16-2/3 value							257,631	D	

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Comm By Stata Stock -1,850 I Family \$.16-2/3 LLC value

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3 and 4	1)	Own
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					·
					4, and 5)					
								Amous	at.	
								Amoui	It	
						Date	Expiration	or Title Number	ner	
						Exercisable Date	Date	of	51	
				Codo V	(A) (D)					
				Code v	(A) (D)			Shares		

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other STATA RAY P.O. BOX 9106 X ONE TECHNOLOGY WAY NORWOOD, MA 02062-9106

Signatures

/s/ Cynthia McMakin, Associate General Counsel, by Power of 08/19/2016 Attorney

> **Signature of Reporting Person Date

Explanation of Responses:

- 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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