FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  GLIMCHER LAURIE H M.D.		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2020  3. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]					
(Last) (First) PO BOX 9106 ONE TECHNOLOGY (Street) NORWOOD MA	(Middle) WAY 02062			4. Relationship of Reporting Issuer (Check all applicable)  X Director Officer (give title below)	10% C	wner 6. (Cl	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person	
(City) (State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Į į	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or Ir (I) (Inst	Direct Owr ndirect	. Nature of Indirect Beneficial ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiration Date	Title	Amount or Derivative Security Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

Laurie H. Glimcher 08/25/2020

\*\* Signature of Reporting Date

Persor

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 5 (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.