## FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

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wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		
STATEMENT OF STANSES IN BENEFICIAL SWILLISHIN	Estimated average burden			

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

OMB APPROVAL											
OMB Number: 3235-0287											
Estimated average burden											
hours per response:											

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ROCHE VINCENT					1	17.11		<u> </u>			[ 1101 ]			X Direc	tor		10% O	wner	
					-										er (give title		Other (	specify	
(Last) (First) (Middle)								est Trans	action (N	/lonth/	Day/Year)			below) below)  President & CEO					
P.O. BOX 9106					100/	06/03/2019									Preside	III & '	CEO		
ONE TECHNOLOGY WAY																			
(Ctt)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NORWOOD MA 02062-9106														X Form filed by One Reporting Person					
NORWC	JOD IVI	A	J2002-J1		.									Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)											Pers	on				
		Tab	le I - No	n-Deriv	ative	Sec	curiti	ies Acc	quired	, Dis	posed of	, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Da ay/Year) if any		Execution Date,		Transaction Disposed O Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4		Benefi Owned	ies cially Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)	tion(s)		(Instr. 4)		
Comm Stock - \$.16-2/3 value 06/03/					/2019				М		10,000	A	\$57.	29 3	1,206		D		
Comm Stock - \$.16-2/3 value 06/03/2					/2019	2019		S <sup>(1)</sup>		10,000	D \$98.23		23 2	3 21,206		D			
		Т									osed of, convertib			y Owned					
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. N	umber	6. Date I	Exerci	sable and	7. Title a	and	8. Price o	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution	Date,	Transa Code (I 8)		n of		Expiration Date (Month/Day/Year		e Amount of		of es ing ve	Derivative Security (Instr. 5)		e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$57.29	06/03/2019			M			10,000	03/11/20	16 <sup>(2)</sup>	03/11/2025	Comm Stock - \$.16- 2/3	10,000	\$0	85,51	8	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. This option vests in equal installments on the first, second, third, fourth and fifth anniversaries of the original grant date, which was March 11, 2015.

## Remarks:

/s/ Cynthia M. McMakin, 06/04/2019 Assistant General Counsel, by Power of Attorney

\*\* Signature of Reporting Person Date

value

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.