FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL						
l	OMB Number:	3235-0287					
l	Estimated average bu	ırden					

0.5

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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* HODGSON JOHN C						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) P.O. BOX		,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015									Officer (give title Other (specify below) below)				
ONE TECHNOLOGY WAY				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)										Applicable				
(Street) NORWOOD MA 02062-9106													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate)	(Zip)																
		Tab	ole I - N	on-Deriv	ative	Secu	rities	Ac	quire	d, Di	sposed o	f, or B	enef	iciall	y Owne	ed			
[2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)				or and	r 5. Amount of Securities Beneficially Owned Follo Reported		Form: (D) or	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Pric	:e	Troposition(s)				(Instr. 4)	
Comm Sto	ock - \$.16-2	2/3 value		03/18/2	2015				S ⁽¹⁾		1,600	D	\$5	8.71	9,	385		D	
Comm Sto	ock - \$.16-2	2/3 value													3	00		I	As custodian for grandchild, Zoe, under UTMA
Comm Sto	ock - \$.16-2	2/3 value													3	00		I	As custodian for grandchild, Samantha, under UTMA
Comm Sto	ock - \$.16-2	2/3 value													3	00		I	As custodian for grandchild, Lily, under UTMA
		Т	able II								osed of, convertib				Owned		,	,	
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		emed ion Date,	4. Transa	5. Number of of Derivative		nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8 D S (I	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Explanation	of Respons	es:			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					

1. This Form 4 is filed late due to an inadvertent administrative error

Remarks:

/s/ Cynthia M. McMakin,

Associate General Counsel, by 01/13/2017

Power of Attorney

** Signature of Reporting Person Date

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

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.

^{*} 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).