FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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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 on	d Addroso of	Donorting Doroon*			2 19	suer	Name a	nd Tick	er or Trac	dina S	Symbol			15	Rela	tionshi	n of Reportin	na Person(s	s) to Is	suer	
Name and Address of Reporting Person*     SEIF MARGARET K						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SEII WAROARET K															X	Direc			10% C		
							2. Date of Fadicat Transaction (Month/Day/Year)									belov	er (give title w)		oelow)	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/27/2017											SVP, CLO & Secretary				
P.O. BOX 9106																					
ONE TECHNOLOGY WAY					4.16																
					-   <sup>4. lī</sup>	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							
NORWO	OD M	Α (	12002-91	00											Form filed by More than One Reporting						
(O) )	(0)		<b>-</b> · \		1											Pers	on				
(City)	(S	tate) (	Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	efici	ally	Owne	ed				
1. Title of S	Security (Inst	tr. 3)		2. Trans	action				3.								ount of	6. Owners		7. Nature	
Date (Month/D					Day/Yea	ay/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			d Of (D) (Instr. 3, 4		. 3, 4 a	Ber		cially	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)		
														Repo			(I) (Instr. 4	(I) (Instr. 4)			
									Code	۱v	Amount		(A) or Pric				action(s) 3 and 4)				
Comm Stock - \$.16-2/3 value 03/27/						/27/2017					1,626	5	D	\$81.4		1.4 19,404		D			
	Table II. Devivative Convities Assuired Disposed of an Beneficially Owned																				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Exercisab			7. Title and				rice of 9. Numbe				11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	·	Transa Code (				Expiratio (Month/D			Amount of Securities			Derivative Security		derivative Securities	Owne Form:	•	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Da	ay/Year)	8)		Securities Acquired					Underlying Derivative			(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						(A) or Disposed						Security (Instr. and 4)			3		Following Reported	(I) (Ins	tr. 4)		
								of (D) (Instr. 3, 4 and 5)					""" '				Transaction (Instr. 4)	(s)			
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								$\top$		Amoun		ount	:								
														nber							
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	ires							

## **Explanation of Responses:**

1. This disposition represents shares withheld to satisfy tax withholding obligations on the performance-based restricted stock units that vested on March 26, 2017 and were previously reported.

## Remarks:

/s/ Cynthia M. McMakin, Associate General Counsel, by 03/29/2017 Power of Attorney

\*\* Signature of Reporting Person Date

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

- \* 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.