### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## ANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person*     SICCHITANO KENTON J						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ ADI ]									tionship of Reporting all applicable) Director		10% Ov		vner		
(Last) (First) (Middle) P.O. BOX 9106						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2019									Office below	r (give title /)		Other ( below)	specify		
ONE TECHNOLOGY WAY						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 Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)		_									Person							
		Tab	le I - I	Non-Deri	vative	Sec	urit	ies A	cquire	d, D	isposed o	f, or B	eneficia	ally (	Owne	d					
Date			2. Transact Date (Month/Day		Execu if any	Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Secur Benef Owne		cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Comm Stock - \$.16-2/3 value 02/22/201					019	9		М		8,380	A	\$39.4	12	28,620			D				
Comm St	cock - \$.16-	2/3 value		02/22/2	019				S		8,380	D	\$105.39	2(1) 2		20,240		D			
		Ta	able I								posed of, convertib				vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title Amour Securit Under! Derivat Securit and 4)	it of ies ying	Deri Seci	Price of crivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner: Form: Direct or Indi (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares								
Non- Qualified Stock Option (right to	\$39.42	02/22/2019			М			8,380	03/12/2	013 <sup>(2)</sup>	03/13/2022	Comm Stock - \$.16- 2/3 value	8,380		\$0	0		D			

### **Explanation of Responses:**

- 1. These shares were disposed of in multiple transactions on February 22, 2019 at actual sales prices ranging from \$105.391 to \$105.395 per share. The price reported reflects the weighted average sale price for the transactions. The Reporting Person undertakes to provide upon request by the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate
- 2. This option vested 100.00% on the earlier of the first anniversary of the original grant date, which was March 13, 2012, or the date of the Company's next Annual Meeting of Shareholders following the original grant date.

### Remarks:

/s/ Cynthia McMakin, Assistant General Counsel, by 02/25/2019 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.