FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner response:	0.5								

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*						2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>FISHMAN JERALD</u>				-									X Directo	r		10% Ow	ner		
					- <u>L</u>									Officer	(give title		Other (sp	pecify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)							below)	below)		.		
P.O. BOX 9106					09	09/12/2003								PRESIDENT AND CEO					
		OCNAMAN																	
THREE TECHNOLOGY WAY																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. II	ndividual or Joint/Group Filing (Check Applicable e)					
(Street)														X Form filed by One Reporting Person					
NORWC	OOD M	ÍΑ	0206291	06										, , ,					
				-									Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)																
		Ta	ble I - No	on-Der	ivativ	/e Se	curi	ties Ac	quired,	Dis	sposed	of, or Ber	neficiall	y Owned					
1. Title of	Security (Inst	tr. 3)		2. Trans	saction	tion 2A. Deemed		3.		4. Securiti	ies Acquired	(A) or	5. Amou		6. Own		. Nature of		
Date				ate Month/Day/Year)		Execution Date, if any		Transaction Code (Instr.		Disposed	Of (D) (Instr.	3, 4 and 5)	Securitie Beneficia		Form:		Indirect Beneficial		
("			(- u,,		(Month/Day/Year)							Owned F	ollowing	(I) (Inst	tr. 4) C	Ownership		
								0.4	.,	Amount	(A) or	(A) or		ion(s)			(Instr. 4)		
									Code	de V Amo		(A) or (D)	Price	(Instr. 3 a					
Comm Stock-\$.16-2/3 value 09/12/2					2/2003	.003		M		10,000) A	\$6.625	24.	898	D				
							+												
Comm Stock-\$.16-2/3 value 09/12/2				2/2003	003		S		10,000) D	\$40.448	14,898		D					
			Table II	- Deriv	ative	Sec	uriti	es Aca	uired. [Disr	osed of	, or Bene	eficially	Owned					
												ible secu							
1. Title of 2. 3. Transaction 3A. Deemed 4.					1	5. Number			6. Date Exercisable and 7			7. Title and Amount		8. Price of	9. Number of		10.	11. Nature	
Derivative	Conversion	Date	Execution		Transa		tion of E		Expiration Date			of Securitie	s	Derivative	derivative	1	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code (8)	Instr.		vative urities	(Month/Da	y/Ye	ar)	Underlying Security (In		Security (Instr. 5)	Securities Beneficiall		Form: Direct (D)	Beneficial Ownership	
Derivative Security					0,		Acquired (A) or Disposed		4)					(111311. 3)	Owned		or Indirect	(Instr. 4)	
															Following Reported	- 10	(I) (Instr. 4)		
					of (D) (Instr.								Transaction(s)						
				3, 4 and 5)								1	(Instr. 4)						
													Amount						
													Number						
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Shares						
					Joue	_	(^)	(5)	LACICISAD	·~ '	- Luit	1.00	Silares			\dashv			
Non- Qualified																			
Stock	\$6.625	09/12/2003			M			10,000	09/04/200	۱ [09/04/2008	Comm Stock-\$.16-	10.000	\$0	440,000	0	D		
Option (right to	******	05,12,2005							25/0 //200	- I,		2/3 value	10,000	•	,,,,,	·	-		
buy)																			

Explanation of Responses:

Remarks:

By: FRANCIS SARRO, Attny

09/16/2003

<u>In Fact</u>
** 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.