FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C.	20549
------------------	-------

TATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per 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* DOYLE JOHN L					2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]									(Che	ck all applic	,				
DOIL	LJOIII	<u> </u>														Oirector			10% Ov	
(Last)	•	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year) 2/03/2009									Officer below)	(give title		Other (s below)	specify	
		OGY WAY			\perp															
THREE	IECIIIOL	OGI WAI			4.	If Ame	endme	ent, Date	of C	Original F	iled	Month/Da	ıy/Ye	ar)		dividual or J	oint/Group	Filing	(Check App	licable
(Street)															Line		led by One	Dono	rting Persor	,
NORWC	OOD M	ÍΑ	02062-910	06													led by Mor	•	One Repor	
(City)	(S	tate)	(Zip)																	
		Та	ble I - No	n-Deri	ivativ	ve Se	cur	ities A	cqı	uired, I	Disp	osed c	of, o	r Ben	eficially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date		Code (Instr.						Beneficia Owned F	s Illy ollowing	Form: (D) or	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Comm St	ock-\$.16-2/	'3 value		12/0)3/20	09				М		20,00	0	A	\$19.89	29,7	28(1)		D	
Comm St	ock-\$.16-2/	'3 value		12/0)3/20	09				S		3,090)	D	\$30.67	7 26,6	38(1)		D	
Comm St	ock-\$.16-2/	'3 value		12/0	03/20	09				S		4,852	2	D	\$30.68	3 21,7	'86 ⁽¹⁾		D	
Comm St	omm Stock-\$.16-2/3 value 12/03.)3/20	3/2009				S	12,05		58 D \$		\$30.60	9,728(1)			D		
			Table II -													Owned				
				(e.g.,	puts	, cal	ls, w	arrant	ts, c	option	s, c	onverti	ble	securi	ties)					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	ate, T	Transa Code (I	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		oate Exer oiration D onth/Day/	of Secu Underly		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Cos Fally Cos (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		kpiration ate	Title	e	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$19.89	12/03/2009			М			20,000	09/2	24/2003 ⁽²	2) 09	0/24/2012	Stoc	Comm ck-\$.16- 3 value	20,000	\$0	0		D	

Explanation of Responses:

- 1. This is a gift to an educational institution.
- 2. -- This is a vesting schedule. 33.33% vests one, two & three years from grant date.

Remarks:

By: FRANCIS SARRO,

Assistant Treasurer, Attny In 12/04/2009

Fact

** 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.