Edgar Filing: ANALOG DEVICES INC - Form 4

Form 4	EVICES INC									
December 08										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									APPROVAL 3235-0287	
Check the			Washington, D.C. 20549						January 31,	
if no long subject to Section 1 Form 4 o		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					burden hou response	Estimated average burden hours per response 0.5		
obligation may cont	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940									
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u>*</u> SICCHITANO KENTON J			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			ANALOG DEVICES INC [ADI]			(Check all applicable)				
(Last) (First) (Middle) PO BOX 9106, THREE TECHNOLOGY WAY			3. Date of Earliest Transaction (Month/Day/Year) 12/06/2005			XDirector10% Owner Officer (give titleOther (specify below)below)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
NORWOOI	D, MA 02062910)6					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Rep	ort on a separate line	e for each clas	ss of secu	urities bene	Perso inform requir	ns who res ation cont ed to respo	or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Ar
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Se
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 39.44	12/06/2005		А	15,000		12/06/2006 <u>(1)</u>	12/06/2015	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 26.13						03/11/2004(1)	03/11/2013	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 45.27						12/10/2004(1)	12/10/2013	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 37.7						12/07/2005(1)	12/07/2014	Comm Stock-\$.16- value

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SICCHITANO KENTON J PO BOX 9106 THREE TECHNOLOGY WAY NORWOOD, MA 020629106	X						
Signatures							
By: WILLIAM A. MARTIN, Att	ny						
In Fact		12/06/2	2005				

**Signature of Reporting Person Explanation of Responses:

- * 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).

Date

(1) This is a vesting schedule. 33.33% vests one, two & three years from grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.