Edgar Filing: Henderson Gregory N. - Form 4

Henderson (Gregory N.										
Form 4											
March 11, 2	019										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							т	MB APPROVAL			
	CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						NOMB Number:	3235-0287			
Check th								Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				BENEF	[CIA]	LOW	NERSHIP OF	Estimated	2005		
Section	SECURITIES					burden hours per					
Form 4 o	-								. 0.5		
Form 5 obligatio							ge Act of 1934,				
may con			•	•	- ·		of 1935 or Section	on			
See Instr	ruction	30(h) of the I	nvestment	Compan	y Act	of 19	940				
1(b).											
(Print or Type	Responses)										
(F)										
1. Name and Address of Reporting Person <u>2</u> . Issuer Name and Ticker or Trading 5. Relationship						5. Relationship c	of Reporting Per	rson(s) to			
Henderson				Issuer							
Henderson Gregory N. Symbol ANALC				LOG DEVICES INC [ADI]				(Check all applicable)			
(Last)	(First) (Mi	ddle) 3. Date	of Earliest Tr	ansaction			(Che	ck all applicabl	e)		
			nth/Day/Year)			Director 10% Owner					
			/09/2019			Officer (give titleOther (specify					
TECHNOLOGY WAY				below) SVP, Atmtv					below) ve, Comm, ArSpc & Def		
			Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Month/Day/Year)				Applicable Line)				
				,			_X_ Form filed by				
NORWOO	D, MA 02062						Form filed by Person	More than One R	eporting		
(City)	(State) (Z	(ip) Tal									
(eny)	(blute) (2	Tal	ole I - Non-L	Derivative	Securi	ties Ac	equired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	• •	Execution Date, if any	Code Disposed of (D)					Form: Direct (D) or	Indirect Beneficial		
(1130.3)		(Month/Day/Year)					Owned	Indirect (I)	Ownership		
		· · ·	, , , , , ,		ĺ.	Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
Comm			Code V	Amount	(D)	Price	(
Comm											
Stock - \$.16-2/3	03/09/2019		Μ	1,968	А	\$0	5,409	D			
\$.16-2/3 value											
value											

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

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)			vative Expiration Date ies (Month/Day/Year) ed ed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 2 ()
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit (RSU)	\$ 0	03/09/2019		М		1,968	03/09/2019 <u>(1)</u>	<u>(1)</u>	Comm Stock - \$.16-2/3 value	1,968	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Henderson Gregory N. PO BOX 9106 ONE TECHNOLOGY WAY NORWOOD, MA 02062			SVP, Atmtve, Comm, ArSpc & Def			
Signatures						
/s/ Cynthia M. McMakin, Assi	stant Gen	eral Counsel	by Power of	~		

/s/ Cynthia M. McMakin, Assistant General Counsel, by Power of Attorney 03/11/2019

**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).

The Restricted Stock Units granted to the Reporting Person on March 9, 2016 (the "Original Grant Date") vested 100% on the third
 (1) anniversary of the Original Grant Date. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

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.

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