Edgar Filing: ANALOG DEVICES INC - Form 4

| ANALOG DEV | ICES INC | | | | | | | | | |
|---------------------------------|----------------|---|--------------------|---|--|----------------|---|---|-------------------------|--|
| Form 4 | | | | | | | | | | |
| January 04, 200 | | | | | | | | | | |
| FORM 4 | | ЛСТАТ | ES SECURITI | | EVOILA | NCE C | OMMERION | OMB APPROVAL | | |
| | - UNITE | DSIAI | | | | INGE CO | OMMISSION | OMB | 3235-0287 | |
| Check this bo | X | | vv asning | gton, D.C | . 20549 | | | Number: | January 31, | |
| if no longer | STATI | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | Expires: | 2005 | |
| subject to Section 16. | | | | | | | | Estimated average burden hours per response 0.5 | | |
| Form 4 or | | SECONTIES | | | | | | | | |
| Form 5 | Filed p | oursuant t | to Section 16(a) | of the Sec | curities E | Exchange | Act of 1934, | 10000100 | 0.0 | |
| obligations | Section 1 | | ne Public Utility | | | • | | | | |
| may continue See Instruction | | 300 | (h) of the Investr | nent Com | ipany Ac | t of 1940 |) | | | |
| 1(b). | | | | | | | | | | |
| | , | | | | | | | | | |
| (Print or Type Resp | onses) | | | | | | | | | |
| 1 Name and Addre | ess of Reporti | ng Person * | 2 Jaquar Nam | a and Tials | an an Tradi | | 5 Relationship of I | Reporting Pers | on(s) to | |
| DOVIEIOUNI | | | Symbol | | | | Issuer | 5. Relationship of Reporting Person(s) to ssuer | | |
| | | | ANALOG D | EVICES | INC [A] | נוס | | | | |
| (Leet) | (F : | (MC 141-) | | | - | | (Check | all applicable |) | |
| (Last) | (First) | (Middle) | 3. Date of Earli | | tion | | _X_ Director | 10% | Owner | |
| | | | 01/03/2008 | | | | Officer (give titleOther (specify | | | |
| TECHNOLOG | | | 01/05/2000 | | | | below) | below) | | |
| (Street) 4. If Am | | | 4 If Amendme | 4. If Amendment, Date Original 6. | | | 5. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | | pplicable Line) | | |
| | | | | | _X_ Form filed by One Reporting Person | | | | | |
| NORWOOD, N | AA 020629 | 106 | | | | | Form filed by Mo Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Table I - N | Non-Deriva | tive Secu | | iired, Disposed of, | or Beneficial | y Owned | |
| 1.Title of Security | 2. Transact | tion Date | 2A. Deemed | 3. | 4. Securit | ies | 5. Amount of | 6. | 7. Nature of | |
| (Instr. 3) | (Month/Da | | Execution Date, if | Transactio | | | Securities | Ownership | Indirect | |
| | | | any | CodeDisposed of (D)nth/Day/Year)(Instr. 8)(Instr. 3, 4 and 5) | | | Beneficially | Form: | Beneficial | |
| | | | (Month/Day/Year) | | | | Owned Following | Direct (D) or Indirect | Ownership (Instr. 4) | |
| | | | | | | (\mathbf{A}) | Reported | (I) | (1115411-1) | |
| | | | | | | (A) or | Transaction(s) | (Instr. 4) | | |
| | | | | Code V | Amount | (D) Pric | (Instr. 3 and 4) | | | |
| Comm | | | | | | | | | | |
| Stock-\$.16-2/3 | | | | | | | 9,728 | D | | |
| 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.

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

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| 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) | 5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Ar Underlying Se (Instr. 3 and 4) |
|---|---|---|---|--|---|--|--------------------|--|
| | | | | Code V | (A) (D | Date Exercisable | Expiration Date | Title |
| Non-Qualified Stock Option (right to buy) | \$ 29.91 | 01/03/2008 | | А | 15,000 | 01/03/2009 <u>(1)</u> | 01/03/2018 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 14.34 | | | | | 12/07/1999 <u>(1)</u> | 12/07/2008 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 36.4 | | | | | 12/07/2000 <u>(1)</u> | 12/07/2009 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 44.5 | | | | | 11/10/2001 <u>(1)</u> | 11/10/2010 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 39.06 | | | | | 07/18/2002 <u>(2)</u> | 07/18/2011 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 41.05 | | | | | 01/22/2003 <u>(1)</u> | 01/22/2012 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 19.89 | | | | | 09/24/2003 <u>(1)</u> | 09/24/2012 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 45.27 | | | | | 12/10/2004 <u>(1)</u> | 12/10/2013 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 37.7 | | | | | 12/07/2005 <u>(1)</u> | 12/07/2014 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 39.44 | | | | | 12/06/2006 <u>(1)</u> | 12/06/2015 | Comm Stock-\$.16- value |
| Non-Qualified Stock Option (right to buy) | \$ 33.41 | | | | | 01/04/2008(1) | 01/04/2017 | Comm Stock-\$.16- value |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| DOYLE JOHN L PO BOX 9106 THREE TECHNOLOGY WAY NORWOOD, MA 020629106 | Х | | | | | | |
| Signatures | | | | | | | |
| By: WILLIAM A. MARTIN, Att In Fact | ny | 01/04/ | 2008 | | | | |
| **Signature of Reporting Person | | Da | te | | | | |
| Explanation of Responses: | | | | | | | |

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).

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

(2) This is a vesting schedule. 50% vests one and two 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.