Edgar Filing: ANALOG DEVICES INC - Form 4

ANALOG DEV	ICES INC										
Form 4											
January 06, 200	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							~ ~ ~ ~ ~ ~ ~ ~ ~ ~	OMB APPROVAL			
	UNITED	STATE		ES AND gton, D.C			E CON	1MISSION	OMB Number:	3235-0287	
Check this bo if no longer									Expires:	January 31,	
subject to		F CHANGES IN BENEFICIAL OWNERSH						stimated average			
Section 16.	SE			CURITIES					burden hours per		
Form 4 or Form 5	T.1 1							response	0.5		
obligations	They pursually to Section 10(a) of the Securities Exchange Act of 1734,										
may continue	•) of the Invest	•	-			55 of Section			
See Instruction 1(b).	n	50(11) of the invest				1740				
(Print or Type Resp	onses)										
								Relationship of Reporting Person(s) to			
SICCHITANO	KENTON J		Symbol	Issu				ier			
			ANALOG I	DEVICES	S INC [A	DI]		(Check all applicable)			
(Last)	(First) ((Middle)	3. Date of Earl	iest Transad	ction				······		
			· · · ·					X Director 10% Owner Officer (give title Other (specify			
PO BOX 9106, THREE 0 TECHNOLOGY WAY			01/06/2006	01/06/2006 <u>-</u>				Officer (give th ow)	below)	(specify	
TECHNOLOG											
				ed(Month/Day/Year) App				Individual or Joint/Group Filing(Check			
			Filed(Month/Da					plicable Line) _ Form filed by One Reporting Person			
NORWOOD, N	IA 02062910)6						Form filed by Mo			
(City)	(State)	(Zip)	Table I - 1	Non-Deriva	ative Secu	rities	Acquire	d, Disposed of,	or Beneficially	Owned	
1.Title of Security	2. Transaction	1 Date 2A		3.	4. Securi		-	5. Amount of	6.	7. Nature	
(Instr. 3)			ecution Date, if	Transaction(A) or Disposed of (I				Securities	Ownership	of Indirect	
		any (M		Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Beneficially		Beneficial Ownership	
		(141	onth/Day/Year)	(Instr. 8)				Owned Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Comm	01/06/2000				1 500		\$	1 500	D		
Stock-\$.16-2/3 value	01/06/2006)		М	1,500	A	26.13	1,500	D		

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)

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. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 26.13	01/06/2006		М	1,500	03/11/2004(1)	03/11/2013	Comm Stock-\$.16-2 value
Non-Qualified Stock Option (right to buy)	\$ 45.27					12/10/2004 <u>(1)</u>	12/10/2013	Comm Stock-\$.16-2 value
Non-Qualified Stock Option (right to buy)	\$ 37.7					12/07/2005 <u>(1)</u>	12/07/2014	Comm Stock-\$.16-2 value
Non-Qualified Stock Option (right to buy)	\$ 39.44					12/06/2006 <u>(1)</u>	12/06/2015	Comm Stock-\$.16-2 value

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Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting officer (and) readings	Director	10% Owner	Officer	Other			
SICCHITANO KENTON J PO BOX 9106 THREE TECHNOLOGY WAY NORWOOD, MA 020629106	X						
Signatures							
By: WILLIAM A. MARTIN, Attr	ny						

In Fact

01/06/2006

**Signature of Reporting Person

Date

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.

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.