Pietkiewicz Steve Form 4 March 22, 2019

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** OMB

3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

**SECURITIES** 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Pietkiewicz Steve |         |          | 2. Issuer Name and Ticker or Trading<br>Symbol<br>ANALOG DEVICES INC [ADI] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                             |  |  |  |
|-------------------------------------------------------------|---------|----------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|
| (Last)                                                      | (First) | (Middle) | 3. Date of Earliest Transaction                                            | (Check an applicable)                                                                                |  |  |  |
|                                                             |         |          | (Month/Day/Year)                                                           | Director 10% Owner                                                                                   |  |  |  |
| PO BOX 9106, ONE                                            |         |          | 03/21/2019                                                                 | _X_ Officer (give title Other (specify                                                               |  |  |  |
| TECHNOLOGY WAY (Street)                                     |         |          |                                                                            | below) below) SVP, Power Products                                                                    |  |  |  |
|                                                             |         |          | 4. If Amendment, Date Original                                             | 6. Individual or Joint/Group Filing(Check                                                            |  |  |  |
| NORWOOD, MA 02062                                           |         |          | Filed(Month/Day/Year)                                                      | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |

| (City)                                | (State)                                                                                 | (Zip) Tal | ole I - Non-                           | Derivativ | e Seci | ırities Acqu         | ired, Disposed of                                                                                                                                   | , or Beneficiall | y Owned                                                           |
|---------------------------------------|-----------------------------------------------------------------------------------------|-----------|----------------------------------------|-----------|--------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) |           | 3.<br>Transactic<br>Code<br>(Instr. 8) | (A) or    |        |                      | 5. Amount of Securities Ownership Beneficially Form: Direct Owned (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s) (Instr. 3 and 4) |                  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Comm<br>Stock -<br>\$.16-2/3<br>value | 03/21/2019                                                                              |           | S                                      | 4,575     | D      | \$<br>110.516<br>(1) | 36,141                                                                                                                                              | D                |                                                                   |
| Comm<br>Stock -<br>\$.16-2/3<br>value |                                                                                         |           |                                        |           |        |                      | 4,956                                                                                                                                               | I                | By Trust                                                          |

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

#### Edgar Filing: Pietkiewicz Steve - Form 4

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)

| 2.          | 3. Transaction Date                                 | 3A. Deemed                                                           | 4.                                                                                                  | 5.                                                                                                                                        | 6. Date Exerc                                                                                                                                                                                | cisable and                                                                                                                                                                                                   | 7. Title                                                                                                                                                                                                                                                                                                                                                          | and                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Price of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. Nu                         |
|-------------|-----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Conversion  | (Month/Day/Year)                                    | Execution Date, if                                                   | Transaction                                                                                         | onNumber                                                                                                                                  | Expiration D                                                                                                                                                                                 | ate                                                                                                                                                                                                           | Amoun                                                                                                                                                                                                                                                                                                                                                             | nt of                                                                                                                                                                                                                                                                                                                                                                                                                           | Derivative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deriv                         |
| or Exercise |                                                     | any                                                                  | Code                                                                                                | of                                                                                                                                        | (Month/Day/                                                                                                                                                                                  | Year)                                                                                                                                                                                                         | Underl                                                                                                                                                                                                                                                                                                                                                            | ying                                                                                                                                                                                                                                                                                                                                                                                                                            | Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secui                         |
| Price of    |                                                     | (Month/Day/Year)                                                     | (Instr. 8)                                                                                          | Derivative                                                                                                                                | e                                                                                                                                                                                            |                                                                                                                                                                                                               | Securit                                                                                                                                                                                                                                                                                                                                                           | ies                                                                                                                                                                                                                                                                                                                                                                                                                             | (Instr. 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bene                          |
| Derivative  |                                                     |                                                                      |                                                                                                     | Securities                                                                                                                                |                                                                                                                                                                                              |                                                                                                                                                                                                               | (Instr. 3                                                                                                                                                                                                                                                                                                                                                         | 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Owne                          |
| Security    |                                                     |                                                                      |                                                                                                     | Acquired                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Follo                         |
|             |                                                     |                                                                      |                                                                                                     | (A) or                                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Repo                          |
|             |                                                     |                                                                      |                                                                                                     | Disposed                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Trans                         |
|             |                                                     |                                                                      |                                                                                                     | of (D)                                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Instr                        |
|             |                                                     |                                                                      |                                                                                                     | (Instr. 3,                                                                                                                                |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     | 4, and 5)                                                                                                                                 |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   | Amount                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           | Date                                                                                                                                                                                         | Expiration                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      |                                                                                                     |                                                                                                                                           | Exercisable                                                                                                                                                                                  | Date                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             |                                                     |                                                                      | Code V                                                                                              | (A) (D)                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|             | Conversion<br>or Exercise<br>Price of<br>Derivative | Conversion (Month/Day/Year)<br>or Exercise<br>Price of<br>Derivative | Conversion (Month/Day/Year) Execution Date, if or Exercise any Price of (Month/Day/Year) Derivative | Conversion (Month/Day/Year) Execution Date, if Transaction or Exercise any Code Price of (Month/Day/Year) (Instr. 8)  Derivative Security | Conversion (Month/Day/Year) Execution Date, if TransactionNumber or Exercise any Code of Price of (Month/Day/Year) (Instr. 8) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3, | Conversion or Exercise any Code of (Month/Day/Pear) Price of (Month/Day/Year) Derivative Security  Code of (Month/Day/Pear) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Exercisable | Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year)  Price of (Month/Day/Year) (Instr. 8) Derivative  Security Securities  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Expiration Date  Expiration Date  Code of (Month/Day/Year)  (Instr. 8) Derivative  Securities  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amour or Exercise any Code of (Month/Day/Year) Underly Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Securities (Instr. 7) Derivative (A) or Disposed of (D) (Instr. 3, 4, and 5)  Date Expiration Date Amour Code of (Month/Day/Year) Underly Securities (Instr. 7) Date Expiration Exercisable Date Title | Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Underlying Code of (Month/Day/Year) Underlying Securities  Price of (Month/Day/Year) (Instr. 8) Derivative  Security Securities  Securities  Acquired  (A) or  Disposed of (D)  (Instr. 3, 4, and 5)  Date  Expiration Date  Amount of (Month/Day/Year)  Underlying  Securities  Securities  (Instr. 3 and 4)  Amount of (Month/Day/Year)  Underlying  Securities  Securities  Faction Date  Expiration Date  Amount of (Month/Day/Year)  Underlying  Securities  Securities  Faction Date  Expiration Date  Expiration Date  Or Number of | Conversion of Month/Day/Year) |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Pietkiewicz Steve PO BOX 9106 ONE TECHNOLOGY WAY NORWOOD, MA 02062

SVP, Power Products

## **Signatures**

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

03/22/2019

\*\*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).
- These shares were disposed of in multiple transactions on March 21, 2019 at actual sales prices ranging from \$110.51 to \$110.54 per share. The price reported reflects the weighted average sale price for the transactions. The Reporting Person undertakes to provide upon request by the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.

Reporting Owners 2