Edgar Filing: STATA RAY - Form 4

STATA RAY Form 4 March 09, 2018UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Filed 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 1940 30(h) of the Investment Company Act of 1940						N OMB Number: Expires: Estimated burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5					
(Print or Type R	Responses)											
			2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N	· · ·	3. Date of Earliest Transaction				(Check an applicable)					
			(Month/Day/Year) 03/08/2018					_X_ Director10% Owner Officer (give titleOther (specify below) below)				
				f Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
NORWOOD, MA 02062-9106 Form filed by More than One Reporting Person							eporting					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securit	ties Ac	equired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5 (A) or	1	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Comm Stock - \$.16-2/3 value	03/08/2018			М	2,455	A	\$0	171,936	D			
Comm Stock - \$.16-2/3 value								758,709	I	By Mrs. Stata Directly		

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

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information contained in this form are not
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(9-02)

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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 of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date (Month/Day/Year) cquired (A) or isposed of (D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit (RSU)	\$ 0	03/08/2018		М	2,455	<u>(1)</u>	<u>(1)</u>	Comm Stock - \$.16-2/3 value	2,455	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh					
1	Director	10% Owner	Officer	Other			
STATA RAY P.O. BOX 9106 ONE TECHNOLOGY WAY NORWOOD, MA 02062-9106	Х						
Signatures							
/s/ Cynthia McMakin Associate General Counsel by Power of							

/s/ Cynthia McMakin, Associate General Counsel, by Power of Attorney
<u>**Signature of Reporting Person</u>
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) In accordance with the terms of the grant, this RSU vested 100.00% on March 8, 2018, the one-year anniversary of the grant date. Upon the vesting date, each vested RSU automatically converted into one (1) share of common stock of the Company.

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.