Edgar Filing: STATA RAY - Form 4

STATA RAY Form 4 February 25, 2019UNITED 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).TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESFiled 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								OMB Number: Expires: Estimated a burden hour response				
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> STATA RAY			2. Issuer Name and Ticker or Trading Symbol ANALOG DEVICES INC [ADI]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)				
P.O. BOX 9106, ONE TECHNOLOGY WAY			(Month/Day/Year) 02/25/2019					X_Director10% Owner Officer (give titleOther (specify below)below)				
(Street) NORWOOD, MA 02062-9106			Filed(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				
(City) (Cty) (Zig)												
(City)	(State)	(Zip)					-	iired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code	omr Dispos (Instr. 3, 4	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Comm Stock - \$.16-2/3 value Comm	02/25/2019			S	10,000	D	\$ 107.54	151,936	D	By Mrs.		
Stock - \$.16-2/3 value								738,709	I	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)	4. Transactic Code (Instr. 8)	of Derivative	Number Expiration Date of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title Amoun Underly Securiti (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title M	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
STATA RAY P.O. BOX 9106 ONE TECHNOLOGY WAY NORWOOD, MA 02062-9106	Х				
Signatures					
/s/ Cynthia McMakin, Assistan Attorney	02/25/2019				
<u>**</u> Signature o	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).

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.