1. Name and Address of Reporting Person *
   Richard B. Kelson
   c/o ANADIGICS, Inc.
   141 Mt. Bethel Road
   Warren NJ 07059

2. Date of Event Requiring Statement (Month/Day/Year)
   02/10/2015

3. Issuer Name and Ticker or Trading Symbol
   ANADIGICS, Inc. [ANAD]

4. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   _X_ Director
   10% Owner
   Officer (give title below)
   Other (specify below)

5. If Amendment, Date Original 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 Person

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<table>
<thead>
<tr>
<th>Table I - Non-Derivative Securities Beneficially Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title of Security (Instr. 4)</td>
</tr>
<tr>
<td>2. Amount of Securities Beneficially Owned (Instr. 4)</td>
</tr>
<tr>
<td>3. Ownership Form: Direct (D) or Indirect (I)</td>
</tr>
<tr>
<td>4. Nature of Indirect Beneficial Ownership (Instr. 5)</td>
</tr>
</tbody>
</table>


2/23/2015
| ANADIGICS Inc. Common Stock | 50,000<sup>(1)</sup> | D | (Instr. 5) |
**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard B. Kelson</td>
<td>X</td>
</tr>
<tr>
<td>c/o ANADIGICS, Inc.</td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**Signatures**

/s/ Richard B. Kelson 02/23/2015

**Signature of Reporting Person Date**

**Explanation of Responses:**

(1) Represents an initial grant of 50,000 restricted stock units which upon vesting (1/3 annually) shall entitle the owner to one share of ANADIGICS, Inc. Common Stock per restricted stock unit.

**Attachments**

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

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 control number.

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