#### CITRIX SYSTEMS INC

Form 4 April 29, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

Common

Stock

04/25/2014

1. Name and Address of Reporting Person * BOGAN THOMAS F			2. Issuer Name and Ticker or Trading Symbol CITRIX SYSTEMS INC [CTXS]				'	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of	f Earliest Tr	ansaction			(0.1.00)	r un uppriouere	,	
			(Month/D	ay/Year)				_X_ Director	10%	Owner	
C/O CITRIX SYSTEMS, INC., 851 WEST CYPRESS CREEK ROAD			04/25/2014					Officer (give below)	e title Other (specify below)		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
FORT LA	UDERDALE, FL	33309	Filed(Mor	nth/Day/Year	)			Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Per fore than One Rep		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securiti	ies Acqu	nired, Disposed of	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securiti	es Acq	uired	5. Amount of	6.	7. Nature o	
Security	(Month/Day/Year)	Execution	n Date, if	Transactio	on(A) or Dis	posed o	of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4	and 5)		Beneficially	Form: Direct	Beneficial	
		(Month/I	Day/Year)	(Instr. 8)				Owned	(D) or	Ownership	
								Following Reported	Indirect (I)	(Instr. 4)	
						(A)		Transaction(s)	(Instr. 4)		
						or		(Instr. 3 and 4)			
				Code V	Amount	(D)	Price	( )			

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

M

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.

SEC 1474

(9-02)

86,765

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10,000 A

#### Edgar Filing: CITRIX SYSTEMS INC - Form 4

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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		dDerivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	<b>)</b> )	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Right to	\$ 31.57	04/25/2014		M	10,0	000	07/01/2009(1)	06/01/2014	Common Stock	10,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			
BOGAN THOMAS F C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	X						

# **Signatures**

Buy)

Antonio G. Gomes, Attorney-in-Fact for Thomas F.
Bogan
04/29/2014

\*\*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) Stock Options vest in equal monthly installments over a period of one year.

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.

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