Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC											
Form 4												
April 02, 201	15											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box									Expires:	January 31,		
if no long subject to	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005					
Section 1	SECURITIES					burden hou						
	Form 4 or				~ .				response			
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may cont				•	•	· ·			n			
See Instru	uction	30(h)) of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type R	Responses)											
51												
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of 1								Reporting Person(s) to				
DEMO MURRAY J Symbol				X SYSTEMS INC [CTXS]				Issuer				
								(Check all applicable)				
(Last) (First) (Middle) 3. Date			3. Date of	Pate of Earliest Transaction				(Check an applicable)				
(Month/D				Day/Year)				_X_ Director	10%	Owner		
C/O CITRIX SYSTEMS, INC., 851 03/31/20				-				Officer (give title Other (specify below) below)				
WEST CYP	RESS CREE	EK ROAD						below)	DCIOW)			
(Street) 4. If Amer			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check					
							Applicable Line)					
								_X_Form filed by C	One Reporting Pe Iore than One Re			
FORT LAU	DERDALE,	FL 33309						Person	Iore man One Ke	porting		
(City)	(State)	(Zip)	Tabl	a I Nan D	animatina	Com	itian A an	wined Disposed of	on Donoficial	ly Owned		
								uired, Disposed of		-		
1.Title of	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution D			1				5. Amount of Securities	6. Ownership Form: Direct			
Security (Instr. 3)	(Wonui/Day/	any	JII Date, II	Code	(Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial		
			Day/Year) (Instr. 8)				- /	Owned	Indirect (I) Owner	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D ·	(Instr. 3 and 4)				
Common				Code V	Amount 1,000	(D)	Price \$					
Stock	03/31/2015			S	(1)	D	ه 63.74	36,705	D			

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
DEMO MURRAY J C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Х						
Signatures							
/s/Antonio G Gomes, Attorney-in-Fact fo Demo	7 J.	04/02/2015					
**Signature of Reporting Person			Da	ate			
Fundanation of Deensu							

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) This sale was made pursuant to a Rule 10b5-1 plan adopted by the Reporting Person.

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.