Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	TEMS INC												
Form 4													
June 03, 2015	5												
FORM	4										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box									Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW							NERSHIP OF	Estimated a	2005				
-	Section 16. SECURITIES										burden hours per		
	Form 4 or								response				
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,													
obligation may conti				•		•	• •		f 1935 or Sectio	n			
See Instru		30((h) of the In	vestme	nt (Company	y Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of 1							f Reporting Per	Reporting Person(s) to					
deSouza Francis A Symbol				C C					Issuer				
CITRIX SYSTEMS INC [CTXS]						(Check all applicable)							
(Last) (First) (Middle) 3. Date of I				Earliest Transaction					(Chec	e)			
(Month/Da									X Director	10%	6 Owner		
C/O CITRIX SYSTEMS, INC., 851 06/01/20					-				Officer (give title Other (specif				
WEST CYP	RESS CREEF	K ROAD							below)	below)			
	(Street)		4. If Ame	ndment	Date	e Original			6 Individual or I	oint/Groun Fili	19(Check		
				-					6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by O													
FORT LAU	DERDALE, F	FL 33309							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction			3.		4. Securit				6. Ownership			
Security	(Month/Day/Y	/	ution Date, if	TransactionAcquired (A) or						Form: Direct	Indirect		
(Instr. 3)		any (Mon	th/Day/Year)	Code (Instr	8)	Disposed of (D) (Instr. 3, 4 and 5)			· ·	(D) or Indirect (I)	Beneficial Ownership		
(Wondiv Day) Tear)			(Instr. 8) (Instr. 3, 4 and 5)				5)	Following	(Instr. 4)	(Instr. 4)			
							(A)		Reported				
							(A) or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	06/01/2015			٨		4,000	٨	\$0	14,000	D			
Stock	00/01/2013			А		(1)	А	φU	14,000	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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
deSouza Francis A C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Х				
Signatures					
/s/Antonio G. Gomes, Attorney-in-Fact f deSouza	S	06/03/2015			
**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) Grant of restricted stock units that 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.