#### CITRIX SYSTEMS INC

Form 4/A

September 02, 2015

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 0005

**OMB APPROVAL** 

Number: 3235-0287

January 31,

Expires:

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Check this box if no longer subject to Section 16. Form 4 or

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

1(b).

(Print or Type Responses)

1. Name and Ad CALDERON	^	_	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	CITRIX SYSTEMS INC [CTXS]  3. Date of Earliest Transaction (Month/Day/Year)	(Check all applicable)  X Director 10% Owner			
C/O CITRIX SYSTEMS INC, 851 WEST CYPRESS CREEK ROAD			08/01/2015	XOfficer (give titleOther (specify below)  Executive Chairman			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 08/04/2015	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FORT LAUI	DERDALE,	FL 33309 (Zip)	Table I. Non Desirating Constitutes As	Form filed by More than One Reporting Person			
		. 17	Table 1 - Non-Derivative Securities Ac	equired, Disposed of, or Beneficially Owne			

. •		Table	: 1 - Noll-De	erivative S	ecuri	ies Acq	jun eu, Disposeu o	1, or belieficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securiti	ies Aco	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5	i)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			C = V		or	ъ.	(Instr. 3 and 4)		
~			Code V	Amount	(D)	Price			
Common	08/01/2015		A	95,303	A	\$ 0	109,303	D	
Stock	00/01/2013		<i>1</i> <b>L</b>	(1)	11	ΨΟ	107,505	D	

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

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SEC 1474

(9-02)

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m	or		
						Exercisable	Date	Title	Number		
				~	<del></del>				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

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

# **Signatures**

/s/ Antonio G. Gomes, Attorney-in-Fact for Robert Calderoni

09/02/2015

Date

\*\*Signature of Reporting Person

### **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 18 monthly installments as follows: 5,294 Restricted Stock Units vest on the last day of each month beginning on August 31, 2015 through December 31, 2016 and 5,305 Restricted Stock Units vest on January 31, 2017.

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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