## Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC										
Form 4											
October 01, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check thi								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW					NERSHIP OF		ted average				
Section 1	SECURITIES						burden hours per				
Form 4 or Form 5		~			a .				response	0.5	
obligatior	• •						•	e Act of 1934,			
may conti	Section 170			•	•	- ·		f 1935 or Sectio	n		
See Instru 1(b).	iction	30(h) of	t the Invo	estment	Compan	y Aci	: of 194	+0			
(Print or Type R	Responses)										
DEMO MURRAY J Sys				2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
	CITRIX SYSTEMS INC [CTXS]				.S]	(Check all applicable)					
(Last) (First) (Middle) 3.			3. Date of Earliest Transaction								
· · · · · · · · · · · · · · · · · · ·				onth/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	K SYSTEMS, IN RESS CREEK F		9/30/20	15				below)	below)	er (specify	
	(Street)	4	. If Amend	lment, Dat	e Original			6. Individual or Jo	oint/Group Filin	1g(Check	
	Filed(Month/Day/Year)					Applicable Line)					
FORT LAU	DERDALE, FL	33309						_X_ Form filed by 0 Form filed by N Person	One Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Table	I - Non-De	erivative	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	e 2A. Deeme	ed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)			Transactic		ispose	d of	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Daj		Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned		Beneficial Ownership	
		(month/Da	<i>.,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1150.0)	(msu. 3,	7 und	.,	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V		(D)	Price	(insu: 5 and 4)			
Common Stock	09/30/2015			S	1,000 (1)	D	\$ 68.2	32,405	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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e	e Exercisable and ation Date th/Day/Year)		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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	ddress Relationships							
	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 f Demo	7 J.	10/01/2015						
**Signature of Reporting Person			Da	ate				

## 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.