Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC										
Form 4											
August 04, 2	.015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE CO							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi	is box		vva	sinington,	D.C. 20	347				January 31,	
	if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNER					NERSHIP OF	Expires:	2005			
	Section 16. SECURITIES							Estimated average burden hours per			
Form 4 o									response	0.5	
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	•		
obligation may cont				•	•	· ·		f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type F	Pasponsas)										
(I fint of Type I	(csponses)										
1. Name and A	ddress of Reportin	ng Person *	2 Issue	r Name and	Ticker or	Tradi	no	5. Relationship of	Reporting Pers	son(s) to	
	ON MARK B	-	Symbol	i i vuille ullu	Themer of	ITuan		Issuer	1 0	. ,	
			2	SYSTEN	MS INC	[CTZ	XS]				
(Last)	(First)	(Middle)		f Earliest Tr		L	-	(Chec	k all applicable	2)	
				Day/Year)				X Director 10% Owner			
C/O CITRIX	X SYSTEMS, I	INC., 851	07/31/2	-				XOfficer (give		er (specify	
WEST CYP	PRESS CREEK	ROAD						below)	below) D & President		
	(Street)				6 Individual or Io	int/Group Filin	or(Check				
			nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
							X Form filed by C	One Reporting Person			
FORT LAU	DERDALE, F	L 33309						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)				a	•.• •				
	× ,						-	uired, Disposed of		-	
1.Title of		Date2A. Deemed3.4. Securities Adeemear)Execution Date, ifTransaction(A) or Disposed		-	5. Amount of Securities	6. Ownership					
Security (Instr. 3)	(Month/Day/Yea	any Executio	cution Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	Form: Direct Indirect (D) or Beneficial	Beneficial	
× /		•	Day/Year)	(Instr. 8)	× /		,	Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/01/0015				4,450		\$	252.000	D		
Stock	07/31/2015			F	(1)	D	75.61	353,809	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)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 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		
Repo	rting O	wners									
Benerities Ormen Name (Address				Relati	onships						

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 Reporting Owner Name / Address
 Director
 10% Owner
 Officer
 Other

 TEMPLETON MARK B
 C/O CITRIX SYSTEMS, INC.
 X
 CEO & President
 Signatures

 FORT LAUDERDALE, FL 33309
 X
 CEO & President
 Signatures

 /s/Antonio G. Gomes, Attorney-in-Fact for Mark B.
 08/04/2015
 08/04/2015

Explanation of Responses:

**Signature of Reporting Person

* 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) Represents the withholding of shares received upon the vesting of restricted stock units to cover the associated tax obligations.

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.

Date