Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	TEMS IN	С												
Form 4														
July 06, 2016)													
FORM	1											PPROVAL		
	UNI	TED S	TATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this box					U						Expires:	January 31,		
if no longer subject to STATEMENT OF C					GES II	N E	BENEFI	CIA	LOW	NERSHIP OF	•	2005		
	Section 16. SECURITIES								Estimated average burden hours per					
	Form 4 or							response						
Form 5 obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,													
may conti		on 17(a)			•		•	• •		f 1935 or Sectio	n			
See Instru			30(h)	of the Inv	vestme	nt (Company	/ 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						Reporting Person(s) to								
Cohn Jesse				Symbol						Issuer				
				CITRIX SYSTEMS INC [CTXS]					[S]	(Check all applicable)				
				3. Date of Earliest Transaction (Month/Day/Year)						(Check an applicable)				
										X Director 10% Owner				
C/O CITRIX SYSTEMS, INC., 851				07/01/2016						Officer (give title Other (specify				
WEST CYP	RESS CRE	EEK RO	DAD							below)	below)			
	(Street)			4. If Amer	ndment, l	Dat	e Original			6. Individual or J	oint/Group Filin	1g(Check		
				Filed(Mon	th/Day/Ye	ear)				Applicable Line)				
										X Form filed by				
FORT LAU	DERDALE	E, FL 33	3309							Form filed by M Person	viore than One Ke	eporting		
(City)	(State)	(2	Zip)	Tabl	I Non	n n		aanni	tion A a	quired, Disposed o	f or Ponoficial	ly Owned		
						1-De			ues Ac			-		
1.Title of	2. Transaction Date 2A. De (Month/Day/Year) Execut									5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
Security (Instr. 3)	(WOIIII/Da	y/10al)	any	Execution Date, if any			Disposed				D) or	Beneficial		
(•	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Owned	Indirect (I)	Ownership			
									Following	Instr. 4)	(Instr. 4)			
								(A)		Reported Transaction(s)				
					a .			or	р.	(Instr. 3 and 4)				
Common					Code	V	Amount	(D)	Price	,				
Common Stock	07/01/20	16			А		3,111 (1)	А	\$0	13,111	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 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				
	Director	10% Owner	Officer	Other
Cohn Jesse C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Х			
Signatures				
/s/Antonio G. Gomes, Attorney-in-Fact t Cohn	for Jesse A	Α.	07/06/2	016
**Signature of Reporting Person			Date	;
Explanation of Respon	595.			

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.