Edgar Filing: CITRIX SYSTEMS INC - Form 4

| CITRIX SYS | STEMS INC | | | | | | | | | | |
|--|------------------------|----------------------------|------------------|-------------------------|-----------|-------------|--|---|-------------------------|--|--|
| Form 4 | | | | | | | | | | | |
| September 0 | 6, 2016 | | | | | | | | | | |
| FORM | 14 | ~ | | | ~~~ . | | | OMB AF | PROVAL | | |
| 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 OWNERSHIP | | | | | | NERSHIP OF | Estimated average | | | | |
| Section 1 | Section 16. SECURITIES | | | | | | | burden hours per | | | |
| Form 4 o Form 5 | | <i>.</i> . | | ~ · | | | | response | 0.5 | | |
| obligation | - | suant to Section | | | | - | | | | | |
| may cont | | | • | • | · · | | 1935 or Section | 1 | | | |
| See Instru | uction | 30(n) of the | e Investment | Compar | iy Ac | t of 194 | -0 | | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. Name and A | ddress of Reporting | Person $\frac{*}{2}$ 2. Is | suer Name and | I Ticker or | Tradiı | ng | 5. Relationship of | Reporting Person(s) to | | | |
| Burley William Symbol | | | | | | 0 | Issuer | | | | |
| | | | | MS INC | [CTX | KS] | (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of | | | te of Earliest T | of Earliest Transaction | | | | (Check an applicable) | | | |
| | | | th/Day/Year) | | | Director | 10% | Owner | | | |
| C/O CITRIX SYSTEMS, INC., 851 09/01/20 | | | | 1/2016 | | | | XOfficer (give titleOther (specify below) below) | | | |
| WEST CYP | PRESS CREEK R | OAD | | | | | · · · · · · · · · · · · · · · · · · · | M, Workspace | Serv. | | |
| | (Street) | 4. If . | Amendment, Da | ate Origina | 1 | | 6. Individual or Jo | int/Group Filin | g(Check | | |
| | | | Month/Day/Year | - | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| | | | | · | | | _X_ Form filed by One Reporting Person | | | | |
| FT LAUDE | RDALE, FL 333 | 09 | | | | | Form filed by M Person | lore than One Re | porting | | |
| (City) | (State) | (Zip) | fable I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | e 2A. Deemed | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | | | on(A) or D | | | Securities | Form: Direct | | | |
| (Instr. 3) | | any | Code | | | | Beneficially | | Beneficial | | |
| | | (Month/Day/Ye | ar) (Instr. 8) | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | | | (•) | | Reported | (Instr. 1) | (Instr. I) | | |
| | | | | | (A) or | | Transaction(s) | | | | |
| | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 09/01/2016 | | F | 798 <u>(1)</u> | D | \$ 87.28 | 51,897 | 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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | tle and unt of rrlying rities : 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|------------|--------------------------------|-------|--|--|--|
| Dire | | 10% Owner | Officer | Other | | | |
| Burley William C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FT LAUDERDALE, FL 33309 | | | CVP & GM Workspace Serv. | 1, | | | |
| Signatures | | | | | | | |
| /s/ Antonio G. Gomes, Attorney-in-Fact fo Burley | or William | 09/06/2016 | | | | | |
| <u>**</u> 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) 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.