Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC											
Form 4												
December 05	5, 2016											
									OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287 January 31,		
Check this box								Expires:				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							NERSHIP OF	Estimated average 200				
Section 1		SECURITIES							burden hours per			
Form 4 or									response 0.5			
Form 5 obligation	10						•	e Act of 1934,				
may cont				•	•	· ·		f 1935 or Section	n			
See Instru 1(b).		30(h)	of the In	vestment	Compan	y Ac	t of 194	10				
(Print or Type F	Responses)											
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer Minahan Timothy A. CITRIX SYSTEMS INC [CTXS] 5. Relationship of Issuer						Reporting Pers	son(s) to					
						(Char)	ock all applicable)					
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					(Check all applicable)						
				h/Day/Year)				Director 10% Owner				
C/O CITRIX SYSTEMS, INC., 851 12/01/2016X_Officer (giv						XOfficer (give below)	e title Other (specify below)					
WEST CYP	RESS CREEK	ROAD						below)	CMO			
(Street) 4. If Am				endment, Date Original			6. Individual or Joint/Group Filing(Check					
· · · · · · · · · · · · · · · · · · ·				(Month/Day/Year)				Applicable Line)				
							One Reporting Person					
FORT LAU	DERDALE, F	L 33309						Form filed by M Person	fore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Deen	ned	•				5. Amount of	6. Ownership			
Security	(Month/Day/Yea		n Date, if	Transactio		-		Securities	Form: Direct Indirect			
(Instr. 3)		any (Month/E	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Indirect (I) Owner	Beneficial Ownership			
		(WOILD'L					Following		(Instr. 4)			
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/01/2016			F	5,432 (1)	D	\$ 85.47	47,072	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	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	Relationships						
1	Director	10% Owner	Officer	Other			
Minahan Timothy A. C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			СМО				
Signatures							
/s/ Antonio G. Gomes, Attorney-in-Fact Minahan	for Timo	thy A.		12/05/2016			
**Signature of Reporting Perso	on			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.