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Kimmel Dor	nna Nappen											
Form 4												
January 02, 2	_											
FORM	14 UNITED	CTATES (SECUT	DITIES A	ND EV	СПА	NCEC	OMMISSION		PROVAL		
	UNITED	SIAILS		shington			INGE U	OWINII55ION	OMB Number:	3235-0287		
Check th if no long	ger			0	- -				Expires:	January 31, 2005		
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSH						ERSHIP OF	Estimated average			
Section 1		SECURITIES							burden hours per			
Form 4 c Form 5		ana ant ta Ci		(a) = f d b	. C			A at af 1024	response	0.5		
obligatio	-						-	Act of 1934, 1935 or Sectior	,			
may con	unue.			vestment	•	· ·	•		l			
See Instr 1(b).	uction	50(1) 0	f the m	vestment	compu	1 <i>y</i> 1 R		0				
- (-).												
(Print or Type I	Responses)											
		_ *										
	Address of Reporting			r Name and	d Ticker of	Tradi		5. Relationship of Issuer	of Reporting Person(s) to			
Kimmel Donna Nappen Symbol								155001				
CITRL				TRIX SYSTEMS INC [CTXS]				(Check all applicable)				
(Last)	(First) (I			f Earliest T	ransaction				100	0		
			10nth/Day/Year) 2/31/2018				Director X Officer (give	10% Owner title Other (specify				
ROAD	CTI KL55 CKLI	21	12/31/2	018				below)	below)			
Rond								EVP & Cl	hief People Off	icer		
	(Street)			endment, D	-	ıl		6. Individual or Joi	int/Group Filin	g(Check		
]	Filed(Moi	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by O	ne Reporting Per	rson		
FORTLAL	DERDALE, FL	33309						Form filed by M				
		55507						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secur	rities Acqu	iired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution 1 any	Date, if	Transactio Code	on(A) or D (Instr. 3,			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(1130.5)		(Month/Da	y/Year)	(Instr. 8)	(1130. 3,	- and	5)	Owned	(D) or	Ownership		
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	A	or	Deire	(Instr. 3 and 4)				
Common					Amount 3,223	(D)	Price \$	62,901.061				
Stock	12/31/2018			F	<u>(1)</u>	D	ф 102.46	(2)	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)		ate Amo Year) Unde Secu		le and unt 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		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kimmel Donna Nappen 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			EVP & Chief People Officer				
Signatures							

/s/ Antonio G. Gomes, Attorney-in-Fact for Donna Nappen Kimmel	01/02/2019	
**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.
- (2) Includes an additional 0.910 shares as a result of rounding of fractional shares.

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.