### Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC										
Form 4											
May 13, 201	.6										
FORM	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL	
	UNITEL	) STATES		RITIES A shington,					OMB Number:	3235-0287	
Check th if no long							Expires:	January 31,			
subject to		MENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Estimated average		
Section 16.				SECURITIES					burden hours per		
Form 4 c									response 0.8		
Form 5 obligatio	nc *						•	e Act of 1934,			
may cont				-	-			1935 or Section	1		
See Instr	uction	30(h)	) of the In	vestment	Compar	iy Ac	t of 194	-0			
1(b).											
(Print or Type l	Responses)										
1 Name and A	Address of Reporting	a Person *	2 1	. N	T: -1	T		5. Relationship of	Reporting Pers	son(s) to	
$\mathbf{D}_{\mathrm{res}} = \mathbf{W} \mathbf{U} \mathbf{U} \mathbf{U}$			Symbol	suer Name <b>and</b> Ticker or Trading				Issuer			
•			•	CITRIX SYSTEMS INC [CTXS]							
(Lest)	(First)	(Middle)				[01]	10]	(Chec	k all applicable	)	
(Last)	(First)	(windule)	(Month/E	f Earliest Tr	ansaction			Director	10%	Owner	
C/O CITRE	X SYSTEMS, II	NC., 851	05/11/2	-				Officer (give		er (specify	
	PRESS CREEK		00/11/2	010				below)	below) GM, Workspac	a Sam	
									-		
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	ith/Day/Year	)			Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
FT LAUDE	RDALE, FL 33	309						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securi		-	5. Amount of	6. Ownership		
Security	(Month/Day/Year		Execution Date, if		on(A) or D	-		Securities	Form: Direct Indirec		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned		Beneficial Ownership	
		(ivionui)	Duy/Teur)	(1130.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
a				Code V	Amount	(D)	Price	(insu: 5 and 1)			
Common	05/11/2016			S	475 <u>(1)</u>	D	\$	53,838	D		
Stock							83.05				
Common Stock	05/11/2016			S	404 <u>(1)</u>	D	\$ 83.05	53,434	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

S

Common

Stock

05/11/2016

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

D

\$ 83.05 53,060

374 <u>(1)</u> D

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#### 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	int of rlying	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						
	Director	10% Owner	Officer	Other			
Burley William C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FT LAUDERDALE, FL 33309			CVP & Act. GM, Workspace Serv.				
Signatures							
/s/ Antonio G. Gomes, Attorney-in-Fact for Burley	r William	05/13/201	5				
**Signature of Reporting Person		Date					
Evaluation of Decanona	001						

## **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) This sale was made pursuant to a Rule 10b5-1 plan adopted by the Reporting Person.

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.