Edgar Filing: ADOBE SYSTEMS INC - Form 4

ADOBE SYST	EMS INC										
Form 4											
April 06, 2007											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
Washington, D.C. 20549									3235-0287		
Check this box if no longer which the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEN	' CHAN	NGES IN SECUF	Estimated burden hou response	average Jrs per						
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u></u> GESCHKE CHARLES M			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		ADOB	E SYSTE	MS INC	[ADBE]	(Che	eck all applicabl	k all applicable)			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction								
ADOBE SYST	TEMS			Day/Year)			_X_ Director 10% Owner Officer (give titleX Other (specify				
ADOBE STST INCORPORAT AVENUE	RK	04/06/2007				below) below) Co-Chairman of the Board					
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
SAN JOSE, CA	A 95110						Person	where that one re	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	curity (Month/Day/Year) Execution Dates str. 3) any		Date, if	Code (Instr. 8)	4. Securities ionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or 7 Amount (D) Price		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report	on a separate line	e for each cla	ass of sec	urities benet	ficially own	ned directly of	or indirectly.				
Reminder: Report on a separate line for each class of securities benefi						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.					
	Tab					posed of, or	Beneficially Owned	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month	n/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		
					Code V	(A) (I	D) Da Ex	ate kercisable	Expiration Date	Title	Amo or Num of Sh	
Non-Qualified Stock Option (right to buy)	\$ 42.61	04/06/2007			А	25,000		<u>(1)</u>	04/06/2017	Common Stock	25,	
Reporting Owners												
Reporting Owner Name / Address					Relatio	nships						
			Director	10% Owner	Officer	Other						
GESCHKE CHARLES M ADOBE SYSTEMS INCORPORATED 345 PARK AVENUE SAN JOSE, CA 95110			D _X			Co-Chairman of the Board						
Signature	es											
/s/ Stuart Fagin attorney-in-fact		0	4/06/200	7								
<u>**</u> Signature of Re	porting 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) Options vest and become exercisable at a rate of 25% on the day preceding the annual meeting of stockholders for each of the four years following the grant date.

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.