CITRIX SYSTEMS INC

Form 4 August 04, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Burley William | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|-----------|----------|--|--|--|--|--|
| (Last) (First) (Middle) | | (Middle) | CITRIX SYSTEMS INC [CTXS] 3. Date of Earliest Transaction | (Check all applicable) | | | |
| , , | ` ' | , | (Month/Day/Year) | Director 10% Owner | | | |
| C/O CITRIX SYSTEMS, INC., 851 WEST CYPRESS CREEK ROAD | | | 08/03/2016 | X Officer (give title Other (spec below) CVP & GM, Workspace Serv. | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| FT LAUDER | RDALE, FL | 33309 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (Stata) | (7in) | | 1015011 | | | |

| (City) | (State) | Table Table | e I - Non-D | erivative Secur | rities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
|---------------------|---------------------|-------------------------------|-------------|--------------------------------------|-------------|----------------------------|----------------------------|-----------------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed Execution Date, if | 3. | 4. Securities A | • | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
| Security (Instr. 3) | (Month/Day/Year) | any | Code | on(A) or Dispose (Instr. 3, 4 and | ` ′ | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| | | | | (A) | | Reported Transaction(s) | | |
| | | | Code V | or Amount (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 08/03/2016 | | S | 365 (1) D | \$ 84.81 | 52,695 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Title Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|---|-----------------|---|--------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monun Day/ Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Under Securi | lying | Security (Instr. 5) | Secur 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 | | | | | | |
|--|---------------|-----------|---------------------------------|-------|--|--|--|
| • 0 | Director | 10% Owner | Officer | Other | | | |
| Burley William C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FT LAUDERDALE, FL 33309 | | | CVP & GM, Workspace Serv. | | | | |

Signatures

/s/ Antonio G. Gomes, Attorney-in-Fact for William
Burley
08/04/2016

**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.

Reporting Owners 2