Edgar Filing: Gomes Antonio G. - Form 4

Gomes Anto	onio G.											
Form 4												
June 04, 201	8											
OMB APPROVAL								PROVAL				
	UNITED	STATES S	SECURITI Washing				NGE C	OMMISSION	OMB Number:	3235-0287		
Check th								Expires:	January 31,			
if no lon subject t		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005		
Section		SECUDITIES								Estimated average burden hours per		
Form 4 c	or								response 0.5			
Form 5	Filed put	rsuant to Se	ection 16(a)	of the Se	ecuriti	ies E	xchange	e Act of 1934,				
obligatio may con		(a) of the Pu	ublic Utility	Holding	g Com	pany	y Act of	1935 or Section	1			
See Instr		30(h) of	f the Investi	ment Cor	mpan	y Ac	t of 194	0				
1(b).												
(Print or Type	Responses)											
	Address of Reporting	Person [*]	2. Issuer Nam	e and Ticl	ker or 7	Tradiı	ng	5. Relationship of	Reporting Pers	on(s) to		
Gomes Ant	onio G.	S	Symbol					Issuer				
		(CITRIX SY	STEMS	INC [СТУ	(S]	(Charal	111:h1-;	`		
(Last)	(First) (Middle) 3	3. Date of Earli	iest Transa	ction			(Check	c all applicable)		
~ /		, -	Month/Day/Ye					Director	10%	Owner		
)6/01/2018	-				X_Officer (give titleOther (specify				
WEST CYH	PRESS CREEK F	ROAD						below)	below) General Couns	el		
	(Sturret)											
	(Street)		If Amendme		riginal			6. Individual or Joi	int/Group Filin	g(Check		
		Г	Filed(Month/Day	y/ Y ear)				Applicable Line) X Form filed by O	ne Reporting Per	son		
FORT LAUDERDALE, FL 33309Form filed by One Reporting PersonForm filed by More than One Reporting PersonParson												
		55507						Person				
(City)	(State)	(Zip)	Table I - N	Non-Deriv	ative S	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	e 2A. Deemed					quired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)			saction(A)		-		Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day	Code v/Year) (Inst		str. 3, 4	and :	5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership		
		(Wonth Day	y/1cal) (llist	1. 0)				Following	Indirect (I)	(Instr. 4)		
						(•)		Reported	(Instr. 4)			
						(A) or		Transaction(s)				
			Code	e V Am	nount	(D)	Price	(Instr. 3 and 4)				
Common Stock	06/01/2018		F		9 <u>(1)</u>		\$ 106.84	104,609	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	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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			
Gomes Antonio G. C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			SVP & General Counsel				

Signatures

/s/ Antonio G.	
Gomes	06/04/2018
<u>**</u> 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.