Edgar Filing: Gomes Antonio G. - Form 4

Gomes Anton	nio G.										
Form 4											
October 04, 2	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
	UNITE	D STATES S					NGE C	COMMISSION	OMB	2025 0007	
	,		Was	shington,	D.C. 20	549			Number:	3235-0287	
Check thi if no long	or								Expires:	January 31,	
subject to	NIA I H	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NERSHIP OF	Estimated average 200		
Section 1		SECURITIES						burden hours per			
Form 4 or	r								response	. 0.5	
Form 5	Filed p	ursuant to Se	ection 10	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatior may conti					-	~ -		1935 or Section	n		
See Instru		30(h) o	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type R	Responses)										
						5. Relationship of Issuer	Reporting Pers	son(s) to			
Gomes Anto	onio G.		Symbol					Issuer			
		(CITRIX	SYSTEM	MS INC	[СТУ	KS]	(Chec	k all applicable)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(enec	n un uppheuore	/	
(Month/Day/Year				ay/Year)					10% Owner		
C/O CITRIX SYSTEMS, INC., 851 10/03/2017 Officer (give title Other (specify						er (specify					
WEST CYP	RESS CREEK	ROAD						below) SVP &	below) General Couns	sel	
	(Street)	/	1 If Ame	ndment, Da	ta Origina	1		6. Individual or Jo	int/Group Filin	or (Chaok	
	(bucct)			ith/Day/Year)	-	L		Applicable Line)	miroroup rinn	Ig(Check	
		1	riieu(wioii	iui/Day/Teal)			_X_ Form filed by C	One Reporting Pe	rson	
FORTLAU	DERDALE, FI	33309						Form filed by M			
		200000						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 D	ate 2A. Deeme	ed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea			Transactio			-	Securities	Form: Direct		
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Drigo	(Instr. 3 and 4)			
Common					Amount 1,522	. ,	Price \$				
Stock	10/03/2017			F	(1)	D	φ 78.51	93,205	D		
STOCK							70.51				

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	10/04/2017
<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.