#### CITRIX SYSTEMS INC

Form 4 June 02, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

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

Check this box

Form 5 obligations may continue. See Instruction

1. Name and Address of Reporting Person \*

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

| CALDWELL NANCI                       |   |           | Symbol CITRIX SYSTEMS INC [CTXS] |   |                                  |                              | κS]         | Issuer (Check all applicable)  |  |          |  |
|--------------------------------------|---|-----------|----------------------------------|---|----------------------------------|------------------------------|-------------|--|--|----------|--|
|                                      | (Month                                  |           |                                  | nte of Earliest Transaction<br>hth/Day/Year)<br>19/2014 |                                  |                              |             | X Director 10% Owner Officer (give title below) Other (specify below)  |  |          |  |
|                                      |   |           |                                  | endment, Date Original<br>nth/Day/Year)                 |                                  |                              |             | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person                  |  |          |  |
| FORT LAU                             | DERDALE, FL 3                           | 33309     |                                  |   |                                  |                              |             | Form filed by N<br>Person  | Nore than One Re   | porting  |  |
| (City)                               | (State)                                 | (Zip)     | Table                            | e I - Non-D   | erivative                        | Secur                        | ities Acq   | uired, Disposed of   | f, or Beneficial   | ly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | Execution |                                  | 3.<br>Transaction<br>Code<br>(Instr. 8)                 | 4. Securi on(A) or Di (Instr. 3, | ispose<br>4 and<br>(A)<br>or | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |          |  |
| Common<br>Stock                      | 05/29/2014                              |           |                                  | M   | 3,334                            | A                            | \$<br>31.57 | 15,334   | D  |          |  |
| Common<br>Stock                      | 05/29/2014                              |           |                                  | S   | 3,334<br>(1)                     | D                            | \$<br>60.95 | 12,000   | 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.

SEC 1474

(9-02)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|---|--|--|--------------------|---|--|
|   |   |   |   | Code V                                  | (A) (D)  | Date Exercisable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 31.57  | 05/29/2014                              |   | M                                       | 3,334  | 07/01/2009(2)  | 06/01/2014         | Common<br>Stock   | 3,334                                  |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |
|--|---------------|-----------|---------|-------|--|
| • 0  | Director      | 10% Owner | Officer | Other |  |
| CALDWELL NANCI<br>C/O CITRIX SYSTEMS, INC.<br>851 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309 | X             |           |         |       |  |

## **Signatures**

/s/Antonio G. Gomes, Attorney-in-Fact for Nanci E.
Caldwell

06/02/2014

\*\*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) This sale was made pursuant to a Rule 10b5-1 plan adopted by the Reporting Person.
- (2) Stock Options vest in equal monthly installments over a period of one year.

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.

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