Edgar Filing: SOISSON JESSICA - Form 4

SOISSON JE	ESSICA											
Form 4	_											
May 02, 2019	9											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
		DSIAIES		hington,			GE (2011111155101N	OMB Number:	3235-0287		
Check thi	s box		vv as	inington,	D.C. 203	- /				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH							NERSHIP OF	Expires:	2005			
Subject to Section 1									Estimated a burden hou			
Form 4 or										•		
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
obligatior may conti								f 1935 or Section	n			
See Instru		30(h)	of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type R	(esponses)											
× 71	1 /											
	ddress of Report	ing Person <u>*</u>	2. Issuer	Name and	Ticker or T	rading	g	-	Reporting Person(s) to			
SOISSON J	ESSICA		Symbol	Symbol				Issuer				
	CITRIX SYSTEMS INC [CTXS]				S]	(Check all applicable)						
(Last)	(First)	(First) (Middle) 3. Date of Earliest Transaction						(-)		
		DIG 051		nth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
C/O CITRIX SYSTEMS, INC., 851 05/01/201 WEST CYPRESS CREEK ROAD								below) below)				
WESICIP	KESS UKEEI	X KUAD						Interim CF	O, CAO & Cor	rp Cont		
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Fil				th/Day/Year)	1			Applicable Line) _X_ Form filed by One Reporting Person				
FORTIAL	DERDALE, F	T 33300							fore than One Re			
I OKI LIIO	DERDAEL, I	L 55507						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	ion Date, if Transaction(A) or Disposed of					5. Amount of	6. Ownership 7. Na Form: Direct Indire	7. Nature of		
Security	(Month/Day/Y							Securities				
(Instr. 3)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned		Beneficial Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount 14,884	(D)	Price					
Stock	05/01/2019			А	(<u>1</u>)	А	\$0	38,386.883	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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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	Othe				
SOISSON JESSICA C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			Interim CFO, CAO & Corp Cont					
Signatures								
/s/ Antonio G. Gomes. Attorney-in-Fact Soisson	for Jessic	a	05/02/2019					
<u>**</u> Signature of Reporting Person			Date					
Explanation of Respon	ses:							

* 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) These shares of common stock are issuable pursuant to awards of restricted stock units that vest in three annual installments, with 33.4% vesting on the first anniversary of the grant date and 33.3% vesting on each of the second and third anniversaries of 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.