## Edgar Filing: SOISSON JESSICA - Form 4

SOISSON J	ESSICA											
Form 4												
May 08, 201	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
	UNITE	DSTATES					NGE C	OMMISSION	OMB	3235-0287		
Check th	is box		vv a	shington,	, <b>D.C.</b> 20	1549			Number:	January 31,		
if no long	- NIATH	CHAN	ANGES IN BENEFICIAL OW				JERSHIP OF	Expires:	2005			
subject to		SECURITIES					Estimated a	•				
Section 1 Form 4 c		SECONTIES							burden hour response	s per 0.5		
Form 5	Filed p	ursuant to S	ection 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,	103001130	0.0		
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may con See Instr	unue.			vestment	•	· ·	•					
1(b).												
(Print or Type ]	Responses)											
1 Name and /	ddress of Reportir	ng Person *	<b>.</b> .	N	I.T. 1	т I.		5. Relationship of 1	Reporting Pers	on(s) to		
						Issuer	Reporting 1 ers	011(3) 10				
				Symbol CITRIX SYSTEMS INC [CTXS]								
			3. Date of Earliest Transaction				10]	(Check all applicable)				
				ith/Day/Year)				Director	10%	Owner		
				04/2018				X Officer (give title Other (specify				
WEST CYPRESS CREEK ROAD				12010				below) below) VP & Corporate Controller				
	(Streat)		4 10 4					-				
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
Flied(M				iitii/Day/Tea	.)			Applicable Line) _X_ Form filed by One Reporting Person				
FORT LAU	DERDALE, FI	2 33309						Form filed by M Person	ore than One Rep	porting		
$\langle \mathbf{C}^{*} \rangle$		(7:)						reison				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year	r) Execution any	Date, if	Transactio Code	on(A) or Di (Instr. 3,			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(11150.5)		(Month/D	ay/Year)		(msu. 5,	+ anu	5)	Owned	(D) or	Ownership		
			•					Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				<u> </u>		or	р.	(Instr. 3 and 4)				
Common					Amount	, ,	Price \$					
Stock	05/04/2018			F	256 <u>(1)</u>	D	, 105.23	22,603	D			
Stock							105.25					

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)	;	Date	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv 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							
	Director	10% Owner	Officer	Other				
SOISSON JESSICA C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			VP & Corporate Controller					
Signatures								
/s/ Antonio G. Gomes. Attorney-in-Fact Soisson	for Jessic	a	05/08/2018					
**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) 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.