### Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SYS	STEMS INC										
Form 4											
August 01, 2	2005										
FORM	14 UNITED	STATES	SECUE	TTIFS A	ND FY	снν	NCF (	OMMISSION		PPROVAL	
Check th		STATES		shington,					OMB Number:	3235-0287	
if no long	7.0#								Expires:	January 31 2005	
subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWN SECURITIES					NEKSHIP OF	Estimated average burden hours per response 0.		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 170 inue. uction	(a) of the	Public U		ling Con	npany	y Act of	e Act of 1934, 7 1935 or Sectior 0			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> SJOSTROM STEFAN			2. Issuer Name <b>and</b> Ticker or Trading Symbol CITRIX SYSTEMS INC [CTXS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction			(Check	c all applicable	;)			
(			(Month/Day/Year) 07/28/2005					Director 10% Owner X Officer (give title Other (specify below) below) Vice President-EMEA			
	(Street)			ndment, Dat nth/Day/Year)	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by O	one Reporting Pe	rson	
FORT LAU	DERDALE, FL	33309						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	07/28/2005			М	802	А	\$ 5.6	802	D		
Common Stock	07/28/2005			S <u>(1)</u>	802	D	\$ 23.91	0	D		
Common Stock	08/01/2005			М	802	A	\$ 5.6	802	D		
Common Stock	08/01/2005			S <u>(1)</u>	802	D	\$ 23.87	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Underlying (Instr. 3 and
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Stock Option (Right-to-Buy)	\$ 5.6	07/28/2005		М		802	08/01/2003	08/01/2012	Common Stock
Stock Option (Right-to-Buy)	\$ 23.83	07/29/2005		А	17,500		07/29/2006(2)	07/29/2010	Common Stock
Stock Option (Right-to-Buy)	\$ 5.6	08/01/2005		М		802	08/01/2003	08/01/2012	Common Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SJOSTROM STEFAN 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			Vice President-EMEA				
Signatures							
Lynn K. Gefen, Attorney-in-Fact for Ste Sjostrom	efan	08	/01/2005				

## <u>\*\*Signature of Reporting Person</u> 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) The sale reported on this Form 4 was made pursuant to a written trading plan adopted in accordance with SEC Rule 10b5-1 on
- (2) Stock Options vest at a rate of 1/3 of the shares underlying the stock option one year from the date of grant and at a rate of 1/36 monthly thereafter.

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.