Edgar Filing: Gomes Antonio G. - Form 4

Gomes Anto Form 4	onio G.												
April 03, 201	18												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL OMB 3235-028					
Check this box if no longer subject to Section 16. SECURITIES								burden hou response	ber: es: January 31, 2005 nated average en hours per				
(Print or Type I	Responses)												
1. Name and Address of Reporting Person <u>*</u> Gomes Antonio G.			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
				ITRIX SYSTEMS INC [CTXS] . Date of Earliest Transaction					(Check all applicable)				
C/O CITRI	X SYSTEMS, INC PRESS CREEK RO	C., 851	(Month/D 03/29/20	ay/Yea		ansaction			Director X Officer (give below) SVP &		o Owner er (specify sel		
				ndment, Date Original nth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	JDERDALE, FL 3	3309							Person		porting		
(City)	(State) (State)	Zip)	Table	e I - No	on-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	curities Form: Direct Indir eneficially (D) or Bene wned Indirect (I) Own llowing (Instr. 4) (Instr eported ansaction(s)			
Common Stock	03/29/2018			Code A	V	Amount 15,278 (1)	(D) A	Price \$ 0	111,465	D			
Common Stock	03/29/2018			F		670 <u>(2)</u>	D	\$ 92.8	110,795	D			
Common Stock	03/29/2018			F		1,630 (2)	D	\$ 92.8	109,165	D			
Common Stock	03/29/2018			F		1,603 (2)	D	\$ 92.8	107,562	D			
Common Stock	03/29/2018			F		2,234 (2)	D	\$ 92.8	105,328	D			

Edgar Filing: Gomes Antonio G. - Form 4

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securiti	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								,	Amount		
									Amount		
						DateExpirationExercisableDate	Expiration		or		
							Date		Number		
								of			
				Code V	(A) (D)			S	Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
r	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

Reporting Person

/s/ Antonio G. Gomes 04/03/2018 **Signature of 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) 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.
- (2) 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.