COYLE MARK M Form 3 July 17, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> COYLE MARK M			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CITRIX SYSTEMS INC [CTXS]				
(Last)	(First)	(Middle)	07/10/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O CITRIX SYSTEMS, INC., 851 WEST CYPRESS CREEK ROAD (Street)				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer <u></u> Other (give title below) (specify below) Interim CFO			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting 	
FORT LAUDERD	ALE, FL	33309					Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - I	Non-Deriva	tive Securiti	es Bei	neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
Common Sto	ock		33,475 <u>(1)</u>		D	Â		
Reminder: Repo			ch class of securities benefic	cially S	SEC 1473 (7-02))		
	Perso inforn requir	ns who resp nation conta red to respo	oond to the collection of ined in this form are no nd unless the form disp //B control number.	t				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Common Stock	(2)	(2)	Common Stock	7,579	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
COYLE MARK M C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Â	Â	Interim CFO	Â		
Signatures						
/s/ Antonio G. Gomes. Attorney-in-Fact	for Mark	к М .	07/17/2017			

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

Of the amount beneficially owned, 19,140 shares of common stock are held by the Reporting Person. The remaining 14,335 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

Date

(1) first anniversary of the grant date and 33.3% vesting each of the second and third anniversaries of the grant date. Of these 14,335 shares, 3,033 shares were granted on March 2, 2015, 5,052 shares were granted on March 30, 2016 and 6,250 shares were granted on March 30, 2017.

Each performance-based restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The

(2) performance-based units vest based on the Issuer's total shareholder return, determined at the three-year period ending on March 30, 2019 or upon a change in control of the Issuer.

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.