## Edgar Filing: CITRIX SYSTEMS INC - Form 4

CITRIX SY	STEMS INC										
Form 4											
August 02, 2											
FORM			GEGU						PPROVAL		
	RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549			OMB Number:	3235-0287						
Check th						Expires:	January 31,				
if no lon subject t		MENT OF	F CHAI	CHANGES IN BENEFICIAL OWNERSHIP O					2005 average		
Section				SECU	RITIES			burden hou			
Form 4 o Form 5								response	. 0.5		
obligatio	-						nge Act of 1934,				
may con	tinue. Section 170			•	•	npany Act	of 1935 or Section	511			
<i>See</i> Instr 1(b).	ruction	50(II)	or the 1	ii vestineni	Compa	ly net of 1					
(Print or Type	Responses)										
1. Name and A	Address of Reporting	Person <sup>*</sup>	2. Issue	2. Issuer Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to				
BURRIS JO			Symbol				Issuer				
			CITRIX SYSTEMS INC [CTXS]			[CTXS]	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		(Che	ck all applicabl	()		
			(Month/	Day/Year)			Director		% Owner		
			07/29/2	7/29/2005			XOfficer (give title Other (specify below) below)				
ROAD							· · · · · · · · · · · · · · · · · · ·	or Vice Preside	nt		
	(Street)		4. If Am	. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(M			Filed(Mo	d(Month/Day/Year)			Applicable Line)				
FORT LAUDERDALE, FL 33309									One Reporting Person More than One Reporting		
FURILAU	DEKDALE, FL	33309					Person		1 0		
(City)	(State)	(Zip)	Tat	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of		
Security	(Month/Day/Year)			TransactionAcquired (A) or				Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	v/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Ownership		
		<b>X</b>			(		Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
						or	(Instr. 3 and 4)				
				Code V	Amount	(D) Price					
Reminder: Rep	port on a separate line	e for each cla	ass of sec	urities bene	•	•					
							spond to the colle tained in this form		SEC 1474 (9-02)		

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. Number of	6. Date Exercisable and	7. Title and A
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Se
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V (A)	(D)	Date Exercisable	Expiration Date	Title
Stock Option (Right-to-Buy)	\$ 23.83	07/29/2005		А	37,50	)0	07/29/2006(1)	07/29/2010	Common Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BURRIS JOHN C 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			Senior Vice President					
Signatures								
Lynn K. Gefen, Attorney-in-Fact for John	C.	08/01/2005						

Burris 08/01/2005

## **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) 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.

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.