#### **SULLIVAN GODFREY**

Form 4

December 10, 2009

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

January 31, Expires:

**OMB APPROVAL** 

2005

0.5

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

D

D

D

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Common

Stock (1)

Common

Stock (1)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

12/08/2009

12/08/2009

12/09/2009

See Instruction

SULLIVA	N GODFREY	Symbol		ler		
(Last)	(First) (		X SYSTEMS INC [CTXS] of Earliest Transaction	(Check all applicable)		
C/O CITRI	X SYSTEMS, IN	`	2009			
	PRESS CREEK F	,,,	belo	below)		
	(Street)	4. If Ar	nendment, Date Original 6. Ir	ndividual or Joint/Group Filing(Check		
		Filed(M	*	olicable Line) _ Form filed by One Reporting Person		
FORT LAU	UDERDALE, FL	33309		Form filed by More than One Reporting		
(City)	(State)	(Zip) Ta	ole I - Non-Derivative Securities Acquired	d, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transactiom Disposed of (D) Code (Instr. 3, 4 and 5) B (Instr. 8) O (A) Transactiom Disposed of (D) Sc R R R R R R R R R R R R R R R R R R	Amount of 6. 7. Nature of Georgicially Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)  Gransaction(s) (Instr. 4)  Instr. 3 and 4)		

30,000

5,000

30,000 D

D

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

M

S

S

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form

\$ 21.48 48,332

38.235 18,332

\$ 38.08 13,332

#### Edgar Filing: SULLIVAN GODFREY - Form 4

## displays a currently valid OMB control

5. Number of 6. Date Exercisable and

7. Title and Amount of

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Right to Buy)	\$ 21.48	12/08/2009		M	30,000	02/17/2006(3)	02/17/2010	Common Stock	30,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
SULLIVAN GODFREY C/O CITRIX SYSTEMS, INC. 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	X				

3. Transaction Date 3A. Deemed

#### **Signatures**

1. Title of 2.

/s/Antonio G Gomes, Attorney-in-Fact for Godfrey
Sullivan
12/10/2009

\*\*Signature of Reporting Person 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) The sales reported in this Form 4 were made pursuant to a Rule 10b5-1 plan adopted by the Reporting Person.
- (2) The shares sold on this date were sold in multiple transactions. This price is the weighted average sales price per share of all shares sold on this date; the actual sale prices per share range from \$38.07 to \$38.60.
- (3) 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.

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