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DEL MATTO	O ANDREW H												
Form 4													
April 16, 201													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM									OMMISSION	OMB APPROVAL			
	UNITED	STATES SE				D.C. 20		NGE CU	JMIMI55101	OMB Number:	3235-0287		
Check thi	s box		vv a51	inigio	, 1	D.C. 20.	J - J				January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWN					ERSHIP OF	Expires:	2005		
subject to						TIES				Estimated average burden hours per			
Form 4 or									response 0.5				
Form 5	Filed pure	suant to Sect	ion 16	(a) of t	the	Securit	ies Ez	xchange	Act of 1934,	·			
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section													
See Instru		30(h) of t	the Inv	restmer	nt (Compan	y Act	t of 1940)				
1(b).													
(Print or Type R	(esponses)												
(i iiii oi i jpe i	(inset)												
1. Name and A	ddress of Reporting l	Person <u>*</u> 2.	Issuer	Name a i	nd ′	Ticker or	Tradin	ıg	5. Relationship of	Reporting Pers	on(s) to		
DEL MATTO ANDREW H Symbol					U				Issuer				
•				SYSTEMS INC [CTXS]				[S]	(Chaol	all annliachla	\ \		
(Last) (First) (Middle) 3. Date of 1				Earliest Transaction					(Check all applicable)				
(Month/Da				/Day/Year)					Director	Owner			
851 WEST CYPRESS CREEK 03/01/20				2019					XOfficer (give titleOther (specify below)				
ROAD									· · · · · · · · · · · · · · · · · · ·	VP & CFO			
	(Street)	4. I	f Amen	dment, l	Dat	e Original			6. Individual or Joi	nt/Group Filin	g(Check		
				onth/Day/Year)					Applicable Line)				
									X Form filed by One Reporting Person Form filed by More than One Reporting				
FORT LAU	DERDALE, FL 3	3309						i	Person		porting		
(City)	(State)	(Zip)	Table	I - Non	-De	erivative	Securi	ities Acqu	ired, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction Date			3.		4. Securi			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		· · · · · · · · · · · · · · · · · · ·						Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day/	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
(1000)	(1101.0)					Following	or Indirect	(Instr. 4)		
							(A)		Reported	(I)			
							or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
C				Code	V	Amount 7.040	(D)	Price	(instr. 5 and 4)				
Ccommon Stock	03/01/2019			F		7,840 (1)	D	\$ 106.04	50,177.069	D			

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
LB	Director	10% Owner	Officer	Other			
DEL MATTO ANDREW H 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			EVP & CFO				
Signatures							
/s/Antonio G. Gomes, Attorney-in-Fact f Matto	for Andre	w Del	04/16/201	9			
**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) 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.