

LEVINE PETER
Form 3
October 29, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â LEVINE PETER		(Month/Day/Year)	CITRIX SYSTEMS INC [CTXS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/19/2007		
851 WEST CYPRESS CREEK ROAD			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
FORT LAUDERDALE,Â FLÂ 33309			(give title below)	(specify below)
(City)	(State)	(Zip)	SVP, Delivery Systems Division	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	107,358 ⁽¹⁾	I	By SP Partners LLC

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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

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		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	10/19/2008 ⁽²⁾	10/19/2012	Common Stock	794,486	\$ 0.72	D	Â
Stock Option (Right to Buy)	10/19/2008 ⁽²⁾	10/19/2012	Common Stock	268,452	\$ 3.27	D	Â
Stock option (Right to Buy)	10/19/2008 ⁽²⁾	10/19/2012	Common Stock	122,589	\$ 15.5	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LEVINE PETER 851 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Â	Â	Â SVP, Delivery Systems Division	Â

Signatures

/s/Lynn k. Gefen, Attorney-in Fact for Peter Levine 10/29/2007

__Signature of Reporting Person Date

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).
- (1) Shares received as merger consideration by SP Partners LLC, an entity of which reporting person in a general partner, pursuant to the acquisition of XenSource, Inc. by Citrix Systems, Inc. The reporting person disclaims beneficial ownership with such shares, except to the extent of his pecuniary interest therein.
- (2) Options assumed by Citrix Systems, Inc. pursuant to the acquisition of XenSource, Inc. This issuance of such options was approved by the Board of Directors of Citrix Systems, Inc. pursuant to Rule 16b-3 under the Securities and Exchange Act of 1934, as amended. Stock Options vest at a rate of 1/3 of the shares underlying the stock options one year from the date of grant and at a rate of 1/36 monthly thereafter. The Stock Options expire on October 19, 2012.

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.