

BURRIS JOHN C
Form 4/A
October 27, 2005

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN 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 *
BURRIS JOHN C

(Last) (First) (Middle)

851 WEST CYPRESS CREEK ROAD

(Street)

FORT LAUDERDALE, FL 33309

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

CITRIX SYSTEMS INC [CTXS]

3. Date of Earliest Transaction (Month/Day/Year)

10/21/2005

4. If Amendment, Date Original Filed (Month/Day/Year)

10/25/2005

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___ Other (specify below)

Senior Vice President

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(D)	Price

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

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(9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (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)		Date Exercisable	Expiration Date	Title	An or Nu of
				Code	V (A) (D)				
Stock Option (Right-to-Buy)	\$ 15.6875	10/21/2005	M		25,374	07/24/2001	07/24/2010	Common	25
Stock Option (Right-to-Buy)	\$ 5.6	10/21/2005	M		10,939	08/01/2003	08/01/2012	Common	10
Stock Option (Right-to-Buy)	\$ 15.6875	10/21/2005	M		6,125	07/24/2001	07/24/2010	Common	6
Stock Option (Right-to-Buy)	\$ 12	10/21/2005	M		11,302	03/04/2004	03/04/2013	Common	11
Stock Option (Right-to-Buy)	\$ 15.25	10/21/2005	M		20,157	03/01/2003	03/01/2012	Common	20

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

/s/ Lynn K. Gefen, Attorney-in-Fact for John C. Burris 10/27/2005

__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).

Column 9 of Table II in the original filing incorrectly listed the number of non-derivative securities beneficially owned, rather than the (1) number of derivative securities owned by Mr. Burris following each transaction. The numbers in the Column 9 of Table II above have been revised to reflect the number of derivative securities of each class beneficially owned by Mr. Burris following each transaction.

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.