#### ADOBE SYSTEMS INC

Form 4

October 11, 2016

# FORM 4

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

OMB 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

response...

See Instruction 1(b).

Common

Stock

10/10/2016

(Print or Type Responses)

1. Name and Address of Reporting Person * Morris Donna			2. Issuer Name <b>and</b> Ticker or Trading Symbol ADOBE SYSTEMS INC [ADBE]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
											(Last)
			(Month/D	ay/Year)			Director		Owner		
ADOBE SYSTEMS			10/10/2016				_X_ Officer (give title Other (specify below) below)  EVP, Cust. & Emp. Experience				
INCORPORATED, 345 PARK											
AVENUE											
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
SAN JOSE,	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
STILL COSE,	01170110						Person				
(City)	(State) (Zip) Table I - Non-Derivative Securities						cquired, Disposed	of, or Beneficial	lly Owned		
1.Title of	2. Transaction Date 2A. De		emed	3.	4. Securiti	ies Acquire	d 5. Amount of	6. Ownership	7. Nature of		
· · · · · · · · · · · · · · · · · · ·		on Date, if	* * * * * * * * * * * * * * * * * * * *				Form: Direct	Indirect			
(Instr. 3)		any (Month	Code (Instr. 3, 4 and Day/Year) (Instr. 8)		1 and 5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(William)	Day/Teal)	(Ilisti. 6)			Following	(Instr. 4)	(Instr. 4)		
						(4)	Reported	,	,		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Pric	e (Instr. 3 and 4)				

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

 $S^{(1)}$ 

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.

SEC 1474

(9-02)

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54,279

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

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by trust (2)

#### Edgar Filing: ADOBE SYSTEMS INC - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Α.			
									mount		
						Date	Expiration	or			
						Exercisable	Date	Title Number			
								of			
				Code V	(A) (D)			Sł	hares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Morris Donna ADOBE SYSTEMS INCORPORATED 345 PARK AVENUE SAN JOSE, CA 95110

EVP, Cust. & Emp. Experience

# **Signatures**

/s/ Jonathan Vaas, as attorney-in-fact

10/11/2016

\*\*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 effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person April 11, 2016.
- (2) Shares held by The Morris Family Rev Trust.

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.

Reporting Owners 2