FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>FANTE PETER</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERINT SYSTEMS INC [VRNT] | | | | | | | | | | all app | | 10 | % O\ | wner | |
|---|---|--|--|---------|------------------------------|--|---------|-------|---|-----|--|--|-----------------|----------------------|-----------------------|---------|--|---|------------------|--|--|
| (Last) 330 SOU | ast) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2014 | | | | | | | | | | belov | , | Other (s below) Officer & CCO | | ` ´ | |
| (Street) MELVILLE NY 11747 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivi ine) X | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transa Code (8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Se Be Ov | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (. | A) or D) | Price | . 1 | | ection(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 06/15/ | | | | | | | 2014 | | | | 3,556 ⁽¹ | 1) | A | \$0 | | 46,501 | | D | | | |
| Common Stock 06/15/2 | | | | | | | | | F | | 3,532(2 | 2) | D | \$49.22 | | 42,969 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | | tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nip () (ct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

- 1. Represents the earned portion of the final 1/3 of the award, for which the performance conditions for vesting lapsed on June 15, 2014 as a result of the Companys achievement of specified performance goals for the period from February 1, 2013 through January 31, 2014 and the filing of the Companys Annual Report on Form 10-K for such period.
- 2. The Company withheld these shares in satisfaction of the reporting person's obligation to fund applicable tax withholding resulting from the vesting of restricted stock units on June 15, 2014, including those reported on row 1 of Table 1 of this Form 4.

Remarks:

/s/ Peter D. Fante

06/17/2014

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.