FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(n) or the investment Company Act or 1940														
1. Name and Address of Reporting Person* Miller Andrew				2. Date of Event Requiring Statement (Month/Day/Year) 12/02/2019			3. Issuer Name and Ticker or Trading Symbol VERINT SYSTEMS INC [VRNT]							
(Last) 146 TAIT AVENUE	(First)	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable) Disaster			10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) LOS GATOS (City)	CA (State)	95030 (Zip)				X Director Officer (give title below)		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 Beneficially Owned														
1. Title of Security (Instr. 4)					2. Amount of (Instr. 4)	Securities Beneficia		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
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 Deri (Instr. 4)		vative Security	Exercise Price of Derivative		5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security				

Explanation of Responses:

Remarks:

/s/ Peter D. Fante, as Attorney-in-Fact for

12/04/2019

Andrew Miller

** 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 5 (b)(v).

* In 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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby makes, constitutes and appoints Peter D. Fante and Jonathan Kohl, each acting individually, as the unc (1) prepare, execute, deliver and file for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Verint Systems Inc (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or 5, (3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's securities from any thin (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, neces

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersi

[Signature page follows]

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 2nd day of December, 2019.

/s/ Andrew D. Miller ___ Signature: Print Name: Andrew D. Miller

STATE OF New York)

COUNTY OF Suffolk)

On this 2nd day of December, 2019, ANDREW D. MILLER personally appeared before me, and acknowledged that he executed the foregoing instrument for the purposes there: IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

____/s/ Lisa A. Lewis_ Notary Public My Commission Expires: _____2/28/2022_

Notary Seal Lisa A. Lewis Notary Public, State of New York No. 01LE4743003 Qualified in Nassau County Commission Expires 2/28/2022