## Edgar Filing: BUNTE AL - Form 4

BUNTE AL											
Form 4											
March 17, 20	)11										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	MB APPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION							OMB	3235-0287			
Check thi	is hox		Was	shington,	D.C. 20	549			Number:		
if no long	er								Expires: January 3		
subject to	)	IENT OI	CHAN	GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average		
Section 1 Form 4 or				SECUR	ITTES			burden hours per			
Form 5		sugnt to S	Section 1	6(a) of th	e Securit	ies F	vchang	e Act of 1934,	response	0.5	
obligation	ns Section 17(s						-	1935 or Section	ı		
may cont <i>See</i> Instru	inue.			vestment	•	· ·					
1(b).		()				5					
~ /											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of							5. Relationship of	Reporting Person(s) to			
BUNTE AL	,		Symbol					Issuer			
			COMM	COMMVAULT SYSTEMS INC				(Check all applicable)			
			[CVLT]					(Check an applicable)			
(Last)	(First) (M	/liddle)	3. Date of	Earliest Tr	ansaction			_X_ Director	10%	Owner	
(Mont			(Month/D	Ionth/Day/Year)				_X_ Officer (give title Other (specify below)			
2 CRESCEN	NT PLACE		03/15/2	011				/	ice President &	2 COO	
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year	)			Applicable Line)			
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
OCEANPO	RT, NJ 07757							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi		-	5. Amount of	6. Ownership		
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		any (Month/F	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(111011111)2	(u), 10ul)	(1115111-0)	(			Following (Instr. 4)		(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 anu 4)			
Common	00/15/0011	02/15/2	011	Б	0.15	D	\$	226 76 1	D		
Stock (1)	03/15/2011	03/15/2	011	F	245	D	33.76	326,794	D		
							(2)				

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

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 Acquired, Disposed of, or Beneficially Owned

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BUNTE AL 2 CRESCENT PLACE OCEANPORT, NJ 07757	Х		Executive Vice President & COO				
Signatures							
Warren H. Mondschein, Attorney-in-Fact		03/17/	/2011				
**Signature of Reporting Person		Dat	e				
Explanation of Responses:							

## **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) This sale of common stock was made to satisfy certain tax withholding obligations resulting from the vesting of restricted stock units.
- (2) Represents average sale price.

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.