Edgar Filing: COMMVAULT SYSTEMS INC - Form 4

| COMMVAU Form 4 April 17, 201 | ULT SYSTEMS II | NC | | | | | | | | | |
|--|---|--|---|--|------------|-----------|---|---|--|-----------|--|
| FORM | ΙΛ | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont | suant to S | F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of 1 | | | | | e Act of 1934, | Expires: January 3 200 Estimated average burden hours per response 0 | | | |
| See Instru 1(b). | | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | 0 | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuCAROLAN BRIANSymbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | COMMVAULT SYSTEMS INC [CVLT] | | | | NC | (Check all applicable) | | | |
| (Montl | | | (Month/D | 3. Date of Earliest Transaction Month/Day/Year) 04/15/2014 | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP Finance and CFO | | | |
| | | | mendment, Date Original /lonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| OCEANPO | RT, NJ 07757 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | n Date, if | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price \$ | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock (1) | 04/15/2014 | 04/15/2 | 014 | F | 797 | D | 64.06 (2) | 40,564 | D | | |

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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|--------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CAROLAN BRIAN 2 CRESCENT PLACE OCEANPORT, NJ 07757 | | | VP Finance and CFO | | | | | |
| Signatures | | | | | | | | |
| Warren H. Mondschein, Attorney-in-Fact | 04/17/2014 | | | | | | | |
| **Signature of Reporting Person | | Dat | e | | | | | |
| 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.