## Edgar Filing: COMMVAULT SYSTEMS INC - Form 4

	Lugari		021010					
COMMVAULT SY	STEMS INC							
Form 4 August 15, 2014								
						OMB AF	PROVAL	
FORM 4	JNITED STATES	SECURITIES A Washington			COMMISSION	OMB Number:	3235-0287 January 31,	
Section 16.	BENEFI RITIES	CIAL OW	Expires: Estimated a burden hou	2005 verage rs per				
abligations	Filed pursuant to S ection 17(a) of the 30(h)		ding Com	pany Act of	1935 or Section	response	0.5	
(Print or Type Responses	s)							
1. Name and Address of WALKER DAVID	Symbol	COMMVAULT SYSTEMS INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(M		3. Date of Earliest Transaction (Month/Day/Year) 08/13/2014			X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Stre	4. If Amendment, Day Filed(Month/Day/Year	Amendment, Date Original (Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
OCEANPORT, NJ	07757				Person	ore than One Re	porung	
(City) (Stat	te) (Zip)	Table I - Non-I	Derivative S	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	saction Date 2A. Deer /Day/Year) Executio any (Month/I	n Date, if Transacti Code Day/Year) (Instr. 8)		ies Acquired sposed of (D) 4 and 5) (A) or (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 08/13/ Stock	/2014 08/13/2			D \$ 52.59	14,067	D		
Reminder: Report on a s	eparate line for each o	ass of securities henet	ficially own	ed directly or i	ndirectly			

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
I B	Director	10% Owner	Officer	Other		
WALKER DAVID F						
2 CRESCENT PLACE	Х					
OCEANPORT, NJ 07757						
Signatures						
Warren H. Mondschein, Attorney-in-Fact	08/15/2014					
**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).

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.