SEC Form 3

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 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

Bejar Martha Helena			Date of Event equiring Staten Month/Day/Year 7/27/2018		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>COMMVAULT SYSTEMS INC</u> [ CVLT ]							
(Last) 1 COMMVA	(First) ULT WAY	(Middle)				ationship of Reporting Perso < all applicable) Director	on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) TINTON FALLS (City)	NJ (State)	07724 (Zip)				Officer (give title below)	Other (spe below)	cify		cable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities beneficially owned.						0	D					
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)       2. Date Exercisable a         Expiration Date (Month/Day/Year)				ate	nd 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conver or Exer		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	9	Amount or Number of Shares	Price c Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

Warren H. Mondschein, Attorney-in-Fact

07/27/2018

Date

\*\* Signature of Reporting Person

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).

\*\* 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.