FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person CAROLAN BRIAN | | | | | | COMMVAULT SYSTEMS INC [CVLT] | | | | | | | | k all applic Directo | • | | 10% Ow Other (s | ner | |
|---|---|--|--|---|--------------------|---|------|---|------|------------------|--|---|------|--|--|---|---|---|--|
| (Last) 2 CRESO | (F CENT PLA | irst) CE | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2008 | | | | | | | | X Officer (give title Other (specify below) VP Finance and CAO | | | | | | | |
| (Street) OCEANPORT NJ 07757 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non- | Derivativ | ve Se | curities | s Ac | quired, [| Disp | osed o | f, or Be | nefici | ally | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | 5. Amou Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) ((D) | Pric | е | Transact (Instr. 3 | tion(s) | | | (111341.4) | |
| Common Stock 12/12/ | | | | | | 2008 12/12/2008 | | A | | 4,364 | (1) A | (| 2) | 11, | 914 | | D | | |
| | | - | Гable II - D (e | erivative e.g., puts | | | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Code | saction (Instr. | of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | of Securi Underlyir Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | | |
| Options to Purchase Common | \$11.12 | 12/12/2008 | 12/12/2008 | 8 A | | 19,636 | | (3) | 1 | 2/12/2018 | Common Stock | 19,63 | 86 | (2) | 19,63 | 6 | D | | |

Explanation of Responses:

- 1. The common stock is being granted as restricted stock units and are subject to a 4-year vesting schedule, as follows: 25% on April 1, 2010 with the remaining portion vesting in equaly quarterly installments
- 2. Not applicable.
- 3. The options to purchase common stock are subject to a 4-year vesting schedule, as follows: 25% on April 1, 2010 with the remaining options vesting in equaly quarterly installments thereafter.

Remarks:

/s/ Warren H. Mondschein 12/16/2008

** 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 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.

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.