FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Rose Steven | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMVAULT SYSTEMS INC [CVLT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | |
|--|---|--|---|--------|---|--|----------|-------------------------------------|---|---|------------------|----------------------|--|---|--|---|--|---|
| (Last) (First) (Middle) 2 CRESCENT PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2010 | | | | | | | | helow) | | | below) | респу |
| (Street) OCEANPORT NJ 07757 (City) (State) (Zip) | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | 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 | -Deriv | vativ | e Se | curities | Ac | quired, [| Disp | osed o | f, or Be | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar | | Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 10/14/ | | | | | 4/201 | /2010 10/14/2010 | | A | | 6,138 A | | (2) | 8, | 8,627 | | D | | |
| | | - | Гable II - I (| | | | | | uired, Di , options | | | | | 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 Date if any (Month/Day/Ye | ate, | Code (Inst | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securitie | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Options to Purchase Common Stock | \$26.83 | 10/14/2010 | 10/14/20 | 10 | A | | 27,619 | | (3) | 10 | 0/14/2020 | Common Stock | 27,619 | (2) | 27,61 | 9 | 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 the first anniversary of the grant with the remaining portion vesting in equal quarterly installments thereafter.
- 2. Not applicable.
- 3. The options to purchase common stock are subject to a 4-year vesting schedule, as follows: 25% on the first anniversary of the grant with the remaining options vesting in equal quarterly installments thereafter.

Remarks:

Warren H. Mondschein, Attorney-in-Fact

** 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.