FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject to | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| ٦ | Section 16. Form 4 or Form 5 | | | | | | | | | |
| J | 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* BUNTE AL | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMVAULT SYSTEMS INC [CVLT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|------------|--|---|---------|--|---|--------|---|--------|---------|---|-------------------------------|---------------------|---|---|---|--|------------|--|
| (Last) 2 CRESO | (Last) (First) (Middle) 2 CRESCENT PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2012 | | | | | | | | | Offic | er (give title w) | | (specify | |
| (Street) OCEANPORT NJ 07757 (City) (State) (Zip) | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | es Ac | quired | l, Dis | sposed o | f, or E | Benef | cially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | | and 5) Secur Benef Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | (A) o (D) | (A) or (D) Price | | | ted action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock ⁽¹⁾ 10/16/20 | | | | | | 2012 | 012 10/16/2012 | | F | | 3,134 | D \$55 | | 5.75 ⁽²⁾ | 363,557 | | D | | | |
| | | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversor Exert Or Exert Price of Derivati Security | | ion ise | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/M | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date Expiration Date Expiration Date | | te ear) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Ins: | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 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.

Remarks:

Warren H. Mondschein, Attorney-in-Fact

10/18/2012

** 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.