FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

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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* Niveleged and Services | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMVAULT SYSTEMS INC [CVLT] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|----------------|---|--|--|-------|---|---------------|--|--------------------|--|--|--|---|---|------|---|--|
| <u>Mirchandani Sanjay</u> | | | | | | | | | | | | | 1 | X | Direc | tor | | 10% O | wner |
| (Last) (First) (Middle) | | | | | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X Offi | | er (give title v) | | Other (below) | specify |
| 1 COMMVAULT WAY | | | | | 07/31/2020 | | | | | | | | | President & CEO | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| (Street) TINTON | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| FALLS | FALLS NJ | | 07724 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (Ctata) (7in) | | | | | | | | | | | | | Perso | | | | orting | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | Year) | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In | | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 07/31/202 | | | | |)20 | 20 07/31/2020 | | S | | 21,000 | D | \$43.0 |)6 ⁽¹⁾ | 310,3 | 306.4954 | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | | (e.g., pւ | ıts, ca | alls, v | warra | ants | , opti | ons, | convertib | le se | curitie | s) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | e derivative | ly D | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$42.66 to \$43.45 inclusive.

Remarks:

Warren H. Mondschein, Attorney-in-Fact

08/04/2020

** 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.