FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per respons	se: 0.5							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

			Code V (A) ((D)	Date Exercisa	hla	Expiration Date	Amount or Number of Title Shares													
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2.				4. Transaction Code (Instr. 8)		5. Number		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 an		f [5]	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
		Tal		Derivativ (e.g., pu											y Owne	ed	,					
Common Stock ⁽¹⁾ 05/23/20			023				S		1,156	D		\$67.2	2 2	1,158	I)						
Common	Common Stock 05/23/20								S		3,047	I	5	\$66.9	<u> </u>		D					
	ommon Stock ⁽³⁾ 05/22/20								A		719	+	A	\$0	_	25,361						
Common Stock ⁽¹⁾ 05/19/2 Common Stock ⁽²⁾ 05/22/2				05/19/2				S) A	\$65.5 \$0	-	4,348 4,642	T						
					022				Code	v	Amount	(D)		Price	(Instr.	action(s) 3 and 4)	 					
Date			2. Transact	ion //Year)	. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)		l (A) or	5. Amo Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		Direct t (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
		Table	I - No	n-Deriva	tive Se	ecur	ities	Aca	uired.	Dis	nosed of	or	Ben	eficia	Ilv Owi	ned						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
(City)	(City) (State) (Zip)				Rule	Rule 10b5-1(c) Transaction Indication																
TINTON FALLS	NJ	1 (07724													X Form filed by One Reporting Person Form filed by More than One Report Person						
(Street)				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applical ine)								
(Last)	(Fir //VAULT W	· ·	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023										belov			below)					
Name and Address of Reporting Person* Whalen James J.						COMMVAULT SYSTEMS INC [CVLT]									eck all ap	olicable)		10% Ov	wner			
1 Name and Address of Departing Person*						Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						

Explanation of Responses:

- 1. Represents shares automatically sold solely to satisfy tax withholding obligations of reporting person on vesting of restricted stock. Proceeds from the sale were submitted to the Internal Revenue Service.
- 2. Represents additional shares issued in connection with the Company's total shareholder return for fiscal year 2023 satisfying specified benchmarks relative to the Russell 3000 index pursuant to the terms of an award granted on May 22, 2020.
- 3. Represents additional shares issued in connection with the Company's achievement of certain financial performance metrics tied to annualized recurring revenue for fiscal year 2023 pursuant to the terms of an award granted on May 16, 2022.

Remarks:

/s/ Danielle Sheer, Attorneyin-Fact 05/23/2023

** 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.