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 I | hurden | | | | | | | | |

0.5

hours per response:

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

| Name and Address of Reporting Person* <u>MICELI LOUIS</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMVAULT SYSTEMS INC [CVLT] | | | | | | | | | heck a | onship of Reportir Il applicable) Director | • | s) to Is | | |
|---------------------------------------------------------------|--|--|-------|------------------------------|---------|----------------------------------------------------------------------------|----------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------|---------|---------------------------------------------|---------------------|--------------|----------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|------------|
| (Last) (First) (Middle) 2 CRESCENT PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2012 | | | | | | | | | | Officer (give title below) Vice President | | | | |
| (Street) OCEANPORT NJ 07757 (City) (State) (Zip) | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | Table | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | lly O | wned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) i | Executio if any | A. Deemed xecution Date, any //onth/Day/Year) | | 3. Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | d S | . Amount of securities seneficially wned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | | v | Amount | (A (I | A) or O) | Price | т | teported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 01/0 ² | | | | | l/2012 | 2012 01/04/2012 | | /2012 | F | | 428 | D \$4 | | \$42. | 09 | 47,073 | D | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | / Owi | ned | | | |
| L. Title of Derivative Security Price of Derivative Security | | | Date, | 4. Transa Code (8) | | of Derive Security (A) of Disposor (D) | rative rities ired r osed) | Expiratio (Month/D | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Exercisable Date | | | or | ount nber | 8. Pric Deriva Securi (Instr. | tive derivative ty Securities | Owne Form Direct or Ind (I) (Ins | (D) irect | 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.

Remarks:

Warren H. Mondschein, Attorney-in-Fact 01/06/2012

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.