#### **COMMVAULT SYSTEMS INC**

Form 4

November 08, 2007

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response...

1(b).

Stock (1)
Common

Stock (1)
Common

Stock (1)

11/06/2007

11/06/2007

(Print or Type Responses)

1. Name and Address of Reporting Person * MICELI LOUIS			Symbol COMM	2. Issuer Name and Ticker or Trading Symbol COMMVAULT SYSTEMS INC [CVLT]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(Last) 2 CRESCEN		3. Date of (Month/D 11/06/20	ay/Year)	· · · · · · · · · · · · · · · · · · ·			DirectorX Officer (given below)	e title Other below)	Owner er (specify	
(Street)			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				Vice President and CFO  6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
OCEANPORT, NJ 07757								Form filed by More than One Reporting Person			
	(City)	(State)	Zip) Table	e I - Non-D	erivative S	ecuriti	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securition(A) or Dis (D) (Instr. 3, 4	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Stock (1)	11/06/2007	11/06/2007	S	15,000	D	\$ 22	109,254	D		

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

M

S

10,963 A

10,963 D

\$ 5

11/06/2007

11/06/2007

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 control

120,217

\$ 23 109,254

D

D

#### Edgar Filing: COMMVAULT SYSTEMS INC - Form 4

#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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/Year)	4. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options to Purchase Common Stock (1)	\$ 5	11/06/2007	11/06/2007	M	10,963	(2)	03/23/2010	Common Stock	10,963

## **Reporting Owners**

Reporting Owner Name / Address	Relationships
Renariing Ciwher Name / Anaress	

Director 10% Owner Officer Other

MICELI LOUIS 2 CRESCENT PLACE OCEANPORT, NJ 07757

Vice President and CFO

# **Signatures**

/s/ Warren H. Mondschien, Attorney-in-Fact

11/08/2007

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* 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).
- (1) All transactions shown on this form have taken place pursuant to a pre-arranged trading plan in compliance with Rule 10b5-1 of the Securities and Exchange Act of 1934.
- (2) The options vested over 4 years from the date of grant, as follows: 25% on the first anniversary of the grant, quarterly thereafter for the remaining three years.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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