COMMVAULT SYSTEMS INC

Form 4 May 16, 2007

FORM 4

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: January 31, Expires: 2005

Section 16. Form 4 or Form 5

SECURITIES

Estimated average burden hours per response... 0.5

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

Washington, D.C. 20549

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** West David R			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			COMMVAULT SYSTEMS INC [CVLT]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% OwnerX_ Officer (give title Other (specify			
2 CRESCENT PLACE			05/16/2007	below) below) VP, Mkt & Bus. Development			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
OCEANDODE NI 07757			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting			
OCEANPORT, NJ 07757				Person			
(City)	(State)	(Zin)					

(C	nty)	(State) (A	Table Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	of, or Beneficial	ly Owned	
1.Title Securit		2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of				5. Amount of Securities	7. Nature of Indirect			
(Instr. 3	3)		any	Code	` '		Beneficially	(D) or	Beneficial		
			(Month/Day/Year)	(Instr. 8)	(,,		Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						(A) or		Reported Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(Ilisti. 3 and 4)			
Comn		05/16/2007		M	10,000	A	\$ 5	10,001	D		
Comn		05/16/2007		S	10,000	D	\$ 18 (2)	1	D		

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

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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. Transacti Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	erivative Expiration Date (courities (Month/Day/Year) cquired (A) Disposed of Disposed of Disposed of		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	\$ 5	05/16/2007		M	10,000	(3)	07/25/2010	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

West David R

2 CRESCENT PLACE VP, Mkt & Bus. Development

OCEANPORT, NJ 07757

Signatures

/s/ Warren H. Mondschein, attorney

in fact 05/16/2007

**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) Represents average sale price.
- (3) 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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