## Edgar Filing: CAROLAN BRIAN - Form 4

CAROLAN	BRIAN										
Form 4											
July 19, 2018	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL	
	• • UNITED S	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check the				0 /					Expires:	January 31,	
if no long subject to		IENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average	
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Form 4 o Form 5			7 <b></b> 1	$( \cdot ) \cdot f \cdot f$	C	:т	· · · 1· · · · ·	· A · · · 6 1024	response	0.5	
obligation	<b>*</b>						•	e Act of 1934, 1935 or Sectior	<b>,</b>		
may cont	inue.			vestment	•	· ·	•		1		
See Instru 1(b).	letion	00(11)			compan						
. ,											
(Print or Type I	Responses)										
1 Name and A	ddrass of Daparting	Dorson *	0 T					5 Delationship of	Donorting Dars	on(s) to	
1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading         CAROLAN BRIAN       Symbol					ng	5. Relationship of Reporting Person(s) to Issuer					
Symbol				VAULT	ULT SYSTEMS INC						
								(Check all applicable)			
(Last)	(First) (N	/liddle)	-	f Earliest Tr	ansaction			Director	10%	Owner	
				onth/Day/Year)				Officer (give title Other (specify below)			
				07/17/2018				VP Finance and CFO			
(Street) 4. If A			4. If Ame	f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				Month/Day/Year)				Applicable Line)			
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
TINTON FA	ALLS, NJ 07724							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	· · · · ·					Securities	Ownership	Indirect	
(Instr. 3)	any (Month/E	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficially Owned	Form: Direct Beneficial (D) or Ownershi	Ownership		
				, í				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Cada V	Amount	or	Drice	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common $C_{1}$ (1)	07/17/2018	07/17/2	018	F	819	D	¢ 69.25	96,492.6538	D		
Stock $(1)$							(2)				

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

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 number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
CAROLAN BRIAN 1 COMMVAULT WAY TINTON FALLS, NJ 07724			VP Finance and	1 CFO				
Signatures								
Warren H. Mondschein, Attorney-in-Fact	07/19/2018							
**Signature of Reporting Person		Dat	e					
Explanation of Responses:								

## 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) This sale of common stock was made to satisfy certain tax withholding obligations resulting from the vesting of restricted stock units.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from 69.24 to 69.39 inclusive.

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.