## FORM 4

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

| OMB APPI           | ROVAL     |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| houre par response | 0.5       |

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Type   | Responses) |   |   |   |  |  |                  |  |         |  |                            |   |   |         |                                    |                 | _                                      |
|--|------------|---|---|---|--|--|------------------|--|---------|--|----------------------------|---|---|---------|------------------------------------|-----------------|--|
| 1. Name and Address of Reporting Person * WHEELWRIGHT STEVEN                               |            |   |   | 2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [DSS] |  |  |                  |  |         |  |                            |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |         |                                    |                 |  |
| (Last) (First) (Middle) C/O QUANTUM CORPORATION, 1650 TECHNOLOGY DRIVE, SUITE 800 (Street) |            |   | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2004           |   |  |  |                  |  |         | ar)  | _                          | Officer (give title below) Other (specify below)    |   |         |                                    |                 |  |
|  |            |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                  |   |  |  |                  |  |         | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |                            |   |   |         |                                    |                 |  |
| SAN JOSE, CA 95110 (City) (State) (Zip)  |            |   | (Zip)   |   |  |  |                  |  |         |  | g •4•                      |   |   |         |                                    |                 |  |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year                        |            | 2A. Deemed 3. Transaction 4. Securities Acc |   |   |  |  |                  | s Acquired, Disposed of, or Beneficially Owned<br>ired 5. Amount of Securities Beneficially 6. |         |  |                            |   | 7. Nature   |         |                                    |                 |  |
|  |            |   |   | Execution Date  |  | ate, i   | f Code<br>(Instr |  |         | (A) or Disposed of<br>(Instr. 3, 4 and 5)  |                            | of (D) C  | Owned Following Reported Transaction(s) (Instr. 3 and 4)                                      |         | d (                                | Ownership Form: | of Indirect<br>Beneficial<br>Ownership |
|  |            |   |   |   |  |  |                  | ode  | V A     | mount  | (A) or (D)                 | Price   | ,   |         | (                                  |                 | (Instr. 4)                             |
| DSS Comr   | non Stock  |   | 03/18/2004  |   |  |  | N                | М  | 3       | ,063   | Α                          | \$<br>0.01 3  | ,063  |         | I                                  | )               |  |
| 1. Title of Derivative Conversion Date Conversion or Exercise (Month/Day/Year) any         |            | 3A. Deemed<br>Execution Date, if            | (e.g., puts, calls, 4. 5. Transaction of Code Do (Instr. 8) Se (Ad Di |   | 5. N<br>of<br>Deri<br>Secu<br>Acq<br>(A) | Number 6. Exerivative curities equired ) or sposed |                  | Expiration Date of (Month/Day/Year) Sec  |         | control<br>ficially O<br>ties)   | wned and Amount erlying es | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of  |         | Beneficia<br>Ownersh<br>(Instr. 4) |                 |  |
|  |            |   |   |   |  | of (I  | D)<br>tr. 3, 4,  | )<br>. 3, 4,   |         |  |                            |   |   |         | Transaction(s<br>(Instr. 4)        |                 |  |
|  |            |   |   | Code  | V  | (A)  | (D)              | Date<br>Exerc  | eisable | Expi   | iration                    | Title   | Amount<br>or<br>Number<br>of<br>Shares  |         |                                    |                 |  |
| Restricted<br>Stock<br>Purchase<br>Option<br>(Right to<br>Buy)                             | \$ 0.01    | 03/18/2004                                  |   | М   |  |  | 3,063            | 02/2   | 5/200   | 4 02/2   | 28/2005                    | DSS<br>Comm<br>Stoc                                 | non 3,063   | \$ 0.01 | 0                                  | D               |  |
| Report   | ing Ov     | vners                                       |   |   |  |  |                  |  |         |  |                            |   |   |         |                                    |                 |  |

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| WHEELWRIGHT STEVEN<br>C/O QUANTUM CORPORATION<br>1650 TECHNOLOGY DRIVE, SUITE 800<br>SAN JOSE, CA 95110 | X             |              |         |       |  |  |

# **Signatures**

| /s/ Rita Larsen by Rita Larsen, Attorney in Fact for Steven Wheelwright | 03/18/2004 |  |
|---|------------|--|
| <sup>**</sup> 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).

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.