FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per 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 Ty | pe Response | s) | | • | | | | | | | | | | | |
|---|---|--|---|---|-----------------|---|---|--|---|-----------------------|--|---|---|---|---------------------------------------|
| 1. Name and Address of Reporting Person * RITTI PHILIP | | | | 2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [DSS] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) GM Media | | | | |
| (Last) (First) (Middle) C/O QUANTUM CORPORATION, 1650 TECHNOLOGY DRIVE, SUITE 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2004 | | | | | | | | | | | |
| (Street) SAN JOSE, CA 95110 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acquire | | | | | | red, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | | (Instr. 8) | | ion 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | Ownership | Beneficial | |
| | | | | (Month/Day/ | Month/Day/Year) | Code | V | Amoun | (A) or (D) | Price | (Instr. 3 a | nd 4) | | \ / | Ownership (Instr. 4) |
| Common | Stock | | 07/23/2004 | | | J(1) | | 4,926 | Δ | \$ 1.819 | 24,226 | | | D (2) | |
| | | | | Derivative Se | | | the ed, D | form dis | splays a | currer reficial | ntly valid | | spond unle trol numbe | | |
| | _ | I | | (e.g., puts, ca | | | | | | | | l | I | | 1 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution Day Year) any | 4. Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | and (Mo | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Undo Secu | itle and bunt of erlying urities r. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (1 or Indire | Beneficial Ownership (Instr. 4) |
| | | | | Code | V | (A) (D | | ~ | Expiration Date | n Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| | Relationships | | | | | |
|---|---------------|--------------|----------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| RITTI PHILIP C/O QUANTUM CORPORATION 1650 TECHNOLOGY DRIVE, SUITE 800 SAN JOSE, CA 95110 | | | GM Media | | | |

Signatures

| /s/ Rita Larsen, by Rita Larsen, Attorney in Fact for Philip Ritti | 07/26/2004 |
|--|------------|
| **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) Securities acquired in exempt purchase under Company's Section 423 Employee Stock Purchase Plan.
- (2) After this transaction, 1,600 shares of the 24,226 total shares owned are held under indirect beneficial ownership. The 1,600 indirect beneficial ownership shares are owned by Mr. Ritti's children.

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.