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

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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 * CARROZZA ANTHONY | | | | 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 | | | | |
| (Last) (First) (Middle) C/O QUANTUM CORPORATION, 1650 TECHNOLOGY DRIVE, SUITE 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2006 | | | | | | X Officer (give title below) Other (specify below) Sr. VP. Worldwide Sales | | | | |
| (Street) | | | | 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 JOS (City) | SE, CA 95 | (State) | (Zip) | | | | | | | | | | | |
| (City) | , | (State) | (Zip) | T | able I - Noi | ı-Der | ivative S | ecurities | Acqui | red, Dispo | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | f Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | D) Beneficially Owned Following Reported Transaction(s) | | Collowing (s) | 6. Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | tr. 3 and 4) | | \ / | Ownership (Instr. 4) |
| Common | Stock | | 01/01/2006 | | F ⁽¹⁾ | | 4,323 | D | 2 | 57,746 | | | D | |
| | | | Table II - | - Derivative Securit | ies Acquir | cont the f | ained in orm dis sposed o | this for plays a f, or Ben | rm are curren reficiall | not requ itly valid | | spond unle | ss | 1474 (9-02) |
| | 2. Conversion or Exercise Price of Derivative Security | | Execution D Year) any | ` ' ' ' ' ' | 5. 6. Daniel and I | | ate Exercisable Expiration Date nth/Day/Year) | | 7. Tit Amo Unde Secur | tle and ount of erlying rities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | O) ct |
| | | | | Code V | (A) (D) | Date Exer | | Expiration Date | n Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | |
| | | | | | Relation | ships | | | | 1 | | | | |
| - | | NI / A | 44 | | | 1. | | | | | | | | |

| | Relationships | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| CARROZZA ANTHONY C/O QUANTUM CORPORATION 1650 TECHNOLOGY DRIVE, SUITE 800 SAN JOSE, CA 95110 | | | Sr. VP. Worldwide Sales | | | |

Signatures

| /s/Elizabeth Gaubeka, by Elizabeth Gaubeka, Attorney in Fact for Anthony Carrozza | 01/03/2006 |
|---|------------|
| **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) Surrender of shares to satisfy tax withholding obligation upon vesting of Restricted Stock granted on March 22, 2005, in a transaction exempt under Rule 16b-3.

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.