FORM 4

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

OMB APPR	OVAL	
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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 * DODSON J MICHAEL					2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [QMCO]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O QUANTUM CORPORATION, 224 AIRPORT PARKWAY, SUITE 550					3. Date of Earliest Transaction (Month/Day/Year) 08/24/2020								X Officer (give title below) Other (specify below) Senior Vice President, CFO						
(Street) SAN JOSE, CA 95110				4. It	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						
(City	7)	(State)	(Zip)			Ta	able I	- Non	-Der	rivative	Securit	ies Ac	quir	red, Dispo	osed of, or l	Beneficially	Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Ye	Execution Execut	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		tion	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		d of (D	f (D) Benefic		unt of Securities ially Owned Following od Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code				or	or					(I) (Instr. 4)	,	
Commor	1 Stock		08/24/2020				5	S		12,266	5 D	\$ 5.382 (2)	22	586,286	5 (3)		D		
	Tepon on a	Sparace IIIc 1	or each class of se	I - Deriv	vative Se	curit	ies Ac	equire	Pers cont the t	sons whatained if form dis	no responding this is splays	form a a cur Benefic	are irent	not requ		formation spond unle trol numbe	ss	1474 (9-02)	
Security (Instr. 3)		Exercise (Month/Day/Year) any (Month/erivative		ed Date, if	4. Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Da (Month/Day/Year)		cisable on Date	sable 7. 7 n Date Am Year) Un Sec		cle and unt of orlying rities : 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 Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	
									Date	e rcisable	Expirate Date	tion T		Amount or Number of					

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
DODSON J MICHAEL C/O QUANTUM CORPORATION 224 AIRPORT PARKWAY, SUITE 550 SAN JOSE, CA 95110			Senior Vice President, CFO						

Signatures

/s/ Josie Buensuceso, Attorney-in-Fact for J. Michael Dodson	08/26/2020
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) Represents the number of shares automatically sold, on a non-discretionary basis, to cover tax withholding obligations in connection with the vesting of performance stock units granted on June 1, 2018.
- This is the weighted average price of the shares sold, which ranged from \$5.3798 to \$5.52 per share. Upon request by the Commission staff, Quantum Corporation, or a
- (2) security holder of the Quantum Corporation, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- (3) Includes 3,975 shares acquired under Quantum Corporation's Employee Stock Purchase Plan on August 5, 2020.

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.