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* FETTER ELIZABETH A | | | | 2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [QTM] | | | | | | | 5 | 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, STE. 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2012 | | | | | | • | Office | er (give title belo | ow) | Other (sp | ecify belo | w) | | |
| (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 Person Form filed by More than One Reporting Person | | | | | | | |
| (City | | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | Execu | Deemed ution Date, if | if Co | (Instr. 8) | | (A) or Disposed o (Instr. 3, 4 and 5) | | Beneficia Reported | | ant of Securities ally Owned Following I Transaction(s) | | Form: | rship of B | 7. Nature of Indirect Beneficial | |
| | | | | (Mont | th/Day/Yea | | Code | v | Amou | ont (E | r | Price | (Instr. 3 a | nd 4) | | Direct or Ind (I) (Instr. | irect (I | wnership nstr. 4) |
| Common | Common Stock 09/02/2012 | | 09/02/2012 | | | | A | 50,000 A | | 9 | \$ 0 | 188,392 | | D | | | | |
| | | | Table II - I | | | | Acquire | the f | orm di | splays of, or l | s a c Bene | urren ficiall | itly valid | OMB con | spond unle trol numbe | | | |
| 1 734 6 | l _a | 2 T | 3A. Deemed | | uts, calls, v 4. | | nts, op | | | | | | 41 | 8. Price of | 9. Number | of 10 | | 11. Natur |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution Da any | te, if Transaction Code Year) (Instr. 8) | | of Der Sec Acq (A) Disj of (Ins | Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ov Fo De Se Di or n(s) (I) | wnership rm of rivative curity: rect (D) Indirect str. 4) | of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | | Code V | (A) | (D) | Date Exer | cisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| FETTER ELIZABETH A C/O QUANTUM CORPORATION 1650 TECHNOLOGY DRIVE, STE. 800 SAN JOSE, CA 95110 | X | | | | | |

Signatures

| /s/ Astrid Becker-Celik, Attorney in Fact for Elizabeth A. Fetter | 09/05/2012 |
|---|------------|
| **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) Restricted Stock Units will vest over one (1) year as follows: 25% will vest on each of 12/1/12, 3/1/13, 6/1/13 and the date of Quantum Corporation's 2013 Annual Shareholder Meeting.

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.