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 Typ | pe Response | s) | | | | | | | | | | | | | | |
|---|---|--------------------------------------|---------------|-------------------------------------|---|---|------------------|---|------------|-----------------------|---|---|---|---|---|------------------------|
| 1. Name and Address of Reporting Person * BRITTS WILLIAM C | | | | | 2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [QTM] | | | | | | | 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 300 | | | | ,], | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2014 | | | | | | X Officer (give title below) Other (specify below) SVP, Worldwide Sales & Mktg. | | | | | |
| (Street) | | | | 4. | 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) | | | | _ | | | rivative S | Securitie | es Acqu | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | /Year) Exc | | | (Instr. 8) | | on 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/Year) | | Code V | | Amount (D) Prior | | Price | | | Ownership (Instr. 4) | | | |
| Common | Stock | | 08/05/201 | 4 | | | J ⁽¹⁾ | | 5,000 | A | \$ 1.0115 | 1,030,1 | 92 | | D | |
| Reminder: I | Report on a s | separate line fo | or each class | of securitie | es beneficially | owne | d direc | Per | sons wh | no respo n this fo | orm are | not requ | | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | | | Tal | | rivative Secu | | | | - | | | • | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | | Year) Execu | Deemed Ition Date, th/Day/Yea | 4. Transactic Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisabl and Expiration Da (Month/Day/Year) | | on Date | Ame Und Seco | itle and ount of lerlying urities tr. 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 (or Indire | Ownershi (Instr. 4) ct |
| | | | | | Code V | / (A) |) (D) | Dat | - | Expirati Date | on Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |
| | | | | | | | Relatio | nshi | ps | | | | | | | |

| | Relationships | | | | | | |
|---|---------------|----------------------------|------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | | Director 0 Officer Officer | | Other | | | |
| BRITTS WILLIAM C C/O QUANTUM CORPORATION 224 AIRPORT PARKWAY, SUITE 300 SAN JOSE, CA 95110 | | | SVP, Worldwide Sales & Mktg. | | | | |

Signatures

| Astrid Becker-Celik, Attorney in Fact for William C. Britts | 08/06/2014 | |
|---|------------|--|
| **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 an exempt purchase under Company's Section 423 Employee Stock Purchase Plan.

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.