## 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																			
1. Name and Address of Reporting Person* GACEK JON W				2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [QTM]							1		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner										
C/O OTT / 3 TOTT IS CORD OR / DTC3 T AA /				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015									X Officer (give title below) Other (specify below)  President and CEO										
(Street) SAN JOSE, CA 95110												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 Acqui								red, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	ution Date, if	(Instr. 8)		(A) or		urities Acquired Disposed of (D) 3, 4 and 5)			Beneficia Reported	at of Securiti Ily Owned F Transaction	ollowing	Form:	7. Nature of Indirect Beneficial							
				(Month/Day/Year)			ode	v	Amou	ount (A)		Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)						
Common Stock		07/01/2015				A		445,0 (1)	00	A	\$ 0	2,614,766			D								
Common Stock		07/01/2015				A	229,500 A		\$ 0	2,844,266			D										
Common Stock		07/01/2015			F <sup>(3)</sup>			227,8	59	D \\ \\ \\ \\ \\ \\ \\ \ \\ \ \\ \ \ \\ \		2,616,40	07		D								
Reminder:	Report on a s	separate line fo		Derivative S	ecurit	ies Ac	equire	Pers cont the f	ons wi ained i form di isposed	ho re in th spla	is fori ys a c r Bene	m are currer	not requ ntly valid	ction of inf iired to res OMB conf	spond unle	ess	C 1474 (9-02)						
1. Title of	2	3. Transaction		e.g., puts, ca		arran 5.	ts, op						tle and	8. Price of	9. Number	of 10.	11. Natur						
Derivative Security	Conversion Date				tte, if Transaction Code Year) (Instr. 8)				6. Date Exercisa and Expiration I (Month/Day/Ye			Amo Undo Secu	ount of erlying rities r. 3 and		Derivative Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Indired Beneficia Ownersh (Instr. 4)						
				Code V		(A)	(D)	Date Exer	e rcisable	Expirat Date		Title	Amount or Number of Shares										

## **Reporting Owners**

	Relationships										
Reporting Owner Name / Address	Director	10% Owner	Officer	Other							
GACEK JON W C/O QUANTUM CORPORATION 224 AIRPORT PARKWAY, SUITE 300 SAN JOSE, CA 95110			President and CEO								

### **Signatures**

Astrid Becker-Celik, Attorney in Fact for Jon W. Gacek	07/02/2015	5	5									
**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 in equal installments on 07/01/2016, 07/01/2017, 07/01/2018 and 07/01/2019.
- (2) Grant of performance stock units of which 76,500 vested on July 1, 2015 and 76,500 will vest on each of July 1, 2016 and July 1, 2017.
- (3) Surrender of shares to satisfy tax withholding obligations upon vesting of restricted stock units granted on 7/1/2013 and on 7/1/2014 and upon vesting of performance stock units granted on 7/1/2014.

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.