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 Kesponse	8)																			
1. Name and Address of Reporting Person * FICHTHORN JOHN					2. Issuer Name and Ticker or Trading Symbol QUANTUM CORP /DE/ [QMCO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner								
) ANTUM C .T PARKV		ATION,			ate of Ea 16/2020		st Trans	sactio	on (I	Month/Da	y/Yea	ar)		Office	r (give title belo	ow)	Othe	er (specif	y below	r)
(Street)				4. If	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 JOSE, CA 95110 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1.Title of Security (Instr. 3)		2. Transaction 2 Date E (Month/Day/Year) a		Execut	A. Deemed Execution Date, if		3. Transaction Code		4. Securities Acquired			d D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership			
								Code	e	V	Amount	(A) or (D)	Pric	ce				or Inc (I) (Instr	direct (. 4)	(Instr.	. 4)
Common	Common Stock 12/16/2		2020				P			18,800	A	\$ 6.18 (1)	14	18,800	00		Ι		By Lightcurve Capital LLC		
Common Stock		12/17/2020					P			1,200 A \$ 6.2521 20,000			I Lig		By Ligh Capi LLC						
Common	Stock														124,740			D			
Reminder:	Report on a s	separate line	e for each	class of sec	urities l	beneficia	lly c	wned o	direct	tly o	or indirect	ly.									
	•									СО	ntained	in thi	s forn	n are	not requ	ction of inf iired to res OMB cont	spond u	nless	SE	C 147	4 (9-02)
				Table II											ly Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transac Date (Month/Da	ay/Year)	3A. Deeme Execution I any (Month/Dag	d Date, if	4. Transac Code	tion	5. Numb of Deriv Secur Acqu (A) or Dispo of (D) (Instr	and Expiration Date (Month/Day/Year) crivative curities equired company or sposed		7. Tanda Ama Und	Fitle and sount of Derivative Derivative Security (Instr. 5) Beneficis Owned Followin Reported		ve Ownership Form of Derivative Security: Direct (D) or Indirect ion(s)		11. Natur of Indirec Beneficia Ownersh (Instr. 4)					
						Code	V	(A)	(D)	Ex	ate xercisable		ration	Title	Amount or Number of Shares						

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FICHTHORN JOHN C/O QUANTUM CORPORATION 224 AIRPORT PARKWAY, SUITE 550 SAN JOSE, CA 95110	X						

Signatures

/s/ Josie Buensuceso, as Attorney-In-Fact	12/18/2020		
**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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.0889 to \$6.289, inclusive. The (1) reporting person undertakes to provide to Quantum Corporation, any security holder of Quantum Corporation or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- (2) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.23 to \$6.28, inclusive.

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.