## FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						
nours per response	e 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. Name and Address of Reporting Person* Moorehead Lewis W.					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) 12/23/2020									X Office	er (give title bel Chief	Accounting	Other (specify Officer	below)
(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 PersonForm filed by More than One Reporting Person					
(City	7)	(State)	(Zip)			Ta	able I	- Non	-Der	ivative	Securiti	es Ac	cquir	ed, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Exec	Deemed cution Date, if		Code (Instr. 8)		(A) or		ecurities Acquired or Disposed of (D) r. 3, 4 and 5)		D)	Beneficia Reported	ally Owned I Transaction	of Securities ly Owned Following Transaction(s)		7. Nature of Indirect Beneficial	
				(Moi	(Month/Day/Year)			ode	V	Amoun	(A) or t (D)	Prio		(Instr. 3 a	ind 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 12/23/2020					;	S		13,312 D \$ 6.365		557	144,650		D					
Reminder:	Report on a	separate line f	or each class of se	I - Deriv	vative Se	curit	ies Ac	equire	Pers cont the f	ons what ained it form dis	no resp n this f splays	orm a cu enefi	are rren cially	not requ		ormation spond unle rol numbe	ess	C 1474 (9-02)
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day	Year) Execution any	3A. Deemed Execution Date, if	4. Transaction Code (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		T U S	7. Tit Amou Unde	. 3 and		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Benefic Owners y: (Instr. 4	
					Code	V	(A)	(D)	Date	e rcisable	Expirati Date	ion	Γitle	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Moorehead Lewis W. C/O QUANTUM CORPORATION 224 AIRPORT PARKWAY SUITE 550 SAN JOSE, CA 95110			Chief Accounting Officer					

### **Signatures**

/s/ Josie Buensuceso, Attorney-in-Fact for Lewis Moorehead	12/23/2020
**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 September 6, 2019 and restricted stock units granted on November 1, 2018 and September 6, 2019.
- (2) This is the price of the shares sold, \$6.3657 per share. Upon request by the Commission staff, Quantum Corporation, or a security holder of the Quantum Corporation, the Reporting Person will provide full information regarding the number of shares sold at this price as set forth in this Form 4.

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.