(City)

FORM 4

Check this box if no longer subject to

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OIVIB API | PROVAL |
|-------------------|----------|
| OMB Number: | 3235-028 |
| Estimated average | hurden |

Form filed by More than One Reporting

Person

| | may continue. See 1(b). | File | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | ı | hours per resp | ponse: 0.5 |
|----------|---|----------------------------------|---|---|-----------------|-----------------------|
| | ddress of Reporting AUSTIN A | Person* | 2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM] | 5. Relationship of F (Check all applicab X Director | ole) | 10% Owner |
| | (First) ISCOPE HOLDI ASCOPE PLACE | (Middle) NG COMPANY, INC., E. SE | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015 | Officer (gi below) | ve title | Other (specify below) |
| (Street) | NC | 28602 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joir Line) X Form filed | nt/Group Filing | ` '' |

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
|--|--|---|--------------|---|---|-------------------------|--------|---|---|---|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (111301.4) | | |
| Common Stock | 10/01/2015 | | A | | 2,077 | A ⁽¹⁾ | \$0.00 | 8,446 | D | | | |
| Table II. Derivative Securities Acquired Dispersed of an Beneficially Owned | | | | | | | | | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|---|---|-----|--|------------|---|------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Evercisable | Expiration | Title | Amount or Number of | | | | |

Explanation of Responses:

1. Reflects restricted stock units granted pursuant to the issuer's non-employee director compensation plan, which vest on October 1, 2016, subject to the director's continued membership on the Board of Directors on such date.

Remarks:

/s/Frank B. Wyatt, II, under a 10/05/2015 Power of Attorney

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.