## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Armstrong Philip Martin JR							2. Issuer Name <b>and</b> Ticker or Trading Symbol CommScope Holding Company, Inc. [ COMM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify						
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE						3. Date of Earliest Transaction (Month/Day/Year) 11/14/2016								SVP, Corporate Finance							
(Street) HICKORY NC 28602 (City) (State) (Zip)					-	4. If Amendment, Date of 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							
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)					tion	2A. Deemed Execution Date,			3. Transactio Code (Inst	n	A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefici Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a		tion(s)			(Instr. 4)		
Common Stock 11/14/201						.6		M		30,000	A	\$5.74		44,289(1)		D					
Common Stock 11/14/201						.6		S		30,000	D	\$33.9506	33.9506 <sup>(2)</sup>		14,289(1)		D				
		-	Table								posed of, convertil			Ov	vned						
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. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securities Underlying		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	V (A) (		Date Exercisable		Expiration Date	Title	Amount or Number of Shares	ber							
Common Stock (Right to Buy)	\$5.74	11/14/2016			М		30,000		02/17/201	16	01/26/2021	Commo Stock (Right to Buy)	30,000		\$0.00	24,912	2	D			

#### **Explanation of Responses:**

- 1. As previously reported, includes (a) 5,847 restricted stock units that were granted on 02/23/2016 and will vest in three equal installments on 02/23/2017, 02/23/2018, and 02/23/2019; and (b) 2,348 restricted stock units that were granted on 02/24/2015 and will vest ratably on 02/24/2017 and 02/24/2018, each subject to the reporting person's continued employment with the issuer.
- 2. The price shown is the weighted average prices of the shares sold in this transaction. The price range for this transaction is \$33.65 to \$34.16. The reporting person undertakes to provide, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price for this transaction.

# Remarks:

/s/Philip Martin Armstrong, Jr. 11/16/2016

\*\* 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.