FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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1. Name and Address of Reporting Person*  Mingle Robyn T					2. Issuer Name <b>and</b> Ticker or Trading Symbol CommScope Holding Company, Inc. [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
- Indicatory in the second of					сомм]								X Officer below)	(give title Other		Other (s		
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE				IC., 02	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017								SVP of CommScope, Inc.					
(Street) HICKORY NC 28602				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form fi Form fi	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S	tate)	(Zip)										1 613011					
		Tal	ble I - Non-	Derivativ	ve Se	curitie	s Acc	quired,	Dis	posed o	f, or Ber	neficial	y Owned					
Date			2. Transactio Date (Month/Day/\	Execution Date,			Code (Instr.				Beneficia Owned F	es ally Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect li rect E	. Nature of ndirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 02/27/					7/2017		A		5,267	A <sup>(1)</sup>	\$0.0	0 16,2	241 <sup>(2)</sup> D					
			Table II - D (e	erivative e.g., puts									Owned					
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)	Code				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)	Owi For Dire or Ii (I) (I	nership n: ect (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$37.97	02/27/2017		A		12,730	(	02/27/2018	(3)	02/27/2027	Common Stock	12,730	\$0.00	12,730		D		

## **Explanation of Responses:**

- 1. Reflects restricted stock units that vest in three equal installments on 02/27/2018, 02/27/2019 and 02/27/2020, subject to the reporting person's continued employment with the issuer.
- 2. As previously reported, includes (a) 3,605 restricted stock units that were granted on 08/01/2016 and will vest ratably on 02/23/2018 and 02/23/2019; and (b) 6,250 performance share units that were earned on 02/23/2017 and will vest ratably on 02/23/2018 and 02/23/2019, each subject to the reporting person's continued employment with the issuer.
- $3. \ The \ option \ vests \ in \ three \ equal \ installments \ on \ 02/27/2018, \ 02/27/2019 \ and \ 02/27/2020, \ subject \ to \ the \ reporting \ person's \ continued \ employment \ with \ the \ issuer.$

## Remarks:

<u>/s/Robyn T. Mingle</u> <u>03/01/2017</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.