FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Name and Address of Reporting Person* Granow Robert W						2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM]								(Check all applicable) Director			rting Person(s) to Issuer 10% Owner tle Other (specify		ner	
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC. 1100 COMMSCOPE PLACE, SE						3. Date of Earliest Transaction (Month/Day/Year) 11/25/2016									X Officer (give title Officer (specify below) SVP and Controller					
(Street) HICKORY NC 28602				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	′						
(City)	(S	tate)	(Zip)																	
		Tab	le I - N	Non-Deri	ivativ	e Sec	curit	ies Ad	cquire	ed, D	isposed o	f, or B	eneficia	ılly (Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/25/201					2016	.6			M ⁽¹⁾		10,000	A	\$5.5	7	18,4	18,422(2)		D		
Common Stock 11/25/20				2016	16		S ⁽¹⁾		10,000	D	\$36.016	6.0168(3)		8,422(2)		D				
		٦	Γable Ι								posed of, , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	on Date, Transa Code (6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Do	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r						
Stock Option (Right to	\$5.57	11/25/2016			M ⁽¹⁾			10,000	02/17	/2016	02/21/2021	Common Stock	10,00	0	\$0.00	14,028	3	D		

Explanation of Responses:

- $1. \ The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 25, 2016.$
- 2. As previously reported, includes (a) 5,179 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) 2,096 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.
- 3. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$36.00 to \$36.06. 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/Robert W. Granow

11/29/2016

** 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.