FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

(First)

1100 COMMSCOPE PLACE, SE

(Last)

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Instruc	ction 1(b).			File							ities Exchan		f 1934			liouis	per i	соропос.	
1. Name aı	nd Address of	Reporting Person*			_						ompany Act Symbol	of 1940				ip of Reportin	g Pe	erson(s) to Is	ssuer
CommScope, Inc. of North Carolina				H7	HYDROGENICS CORP [HYGS]							(Check all applicable) Director X				X 10% C)wner		
			3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title			•	Other	(specify			
(Last)		rst) E PLACE, SE	(Middle)			23/20		St Hall	Sacion	(IVIOTILI	ii/Day/ fear)				belo	w)		below)
1100 CC	MMSCOPI	E PLACE, SE			4 15	A a.n.	dmont	. Data	of Origin	ad File	nd (Manth/De	211/1/221		C Indi	م امیناما د	or laint/Crour		on (Charle A	naliaahla
(Street)					- 4. IT	Amen	iameni	i, Date	or Origir	ıаі ніе	ed (Month/Da	ay/ Year)		Line)		or Joint/Group		•	
HICKORY NC 28602													Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(St	ate)	(Zip)											11	Pers	son			
		Tab	le I - N	on-Deriv	/ative	Sec	uritie	es Ac	quire	d, Di	sposed o	of, or E	enefi	cially	Own	ed			
1. Title of	Security (Inst			2. Transac		2A. [Deeme	d	3.		4. Securitie	s Acquire	ed (A) oi			nount of		Ownership m: Direct	7. Nature
			(Month/Day/Year)		if any	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4 a		Bene		ficially ed Following	(D)	or Indirect Instr. 4)	Beneficia Ownersh		
					ľ			Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, no par value				03/23/	2016				S		300	D	\$8	.02 ⁽¹⁾ 1,		307,589		D ⁽²⁾	
Common Stock, no par value			03/24/	2016				S		1,869	D	\$8.0	123(3)	1,305,720			D ⁽²⁾		
				Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1 Title of	12	3. Transaction	3A. Dee		uts, c	alls,	_					7. Title		-	rion of	9. Number o	.	10.	11. Natu
1. Title of Derivative Security Conversio		Date (Month/Day/Year)		ion Date,	Transa Code (I				6. Date Exercisa Expiration Date (Month/Day/Yea		ate	Amoun	t of	Deri	B. Price of 9. Number of derivative Security Securities			Ownership	of Indire
(Instr. 3)	Price of Derivative Security		(Month)	(Day/Year) 8)	8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				•	Underly	ive	Ι.	tr. 5)	Beneficially Owned	- 1	Direct (D) or Indirect	Ownersi (Instr. 4)
												and 4)	ity (Instr. 3		1 1	Following Reported Transaction(s) (Instr. 4)	- 1	(I) (Instr. 4)	
																	(5)		
													Amour	it					
									Date		Expiration		Numbe of						
		<u> </u>	<u> </u>		Code	$\stackrel{v}{\dashv}$	(A)	(D)	Exerci	sable	Date	Title	Shares						
		Reporting Person* c. of North C	arolin	a															
	<u></u>	<u> 01 1101u1 U</u>	O1111	<u>-</u>		_													
(Last)		(First)	(M	iddle)															
1100 CC	MMSCOPI	E PLACE, SE																	
(Street)						_													
HICKOI	RY	NC	28	8602															
(City)		(State)	(Zi	p)															
1. Name ar	nd Address of	Reporting Person*				┪													
		lding Compa		<u>C.</u>															
(Last)		(First)	(M	iddle)		_													
		E PLACE, SE	(141))															
(Ctu1)						-													
(Street) HICKOI	RY	NC	28	8602															
						-													
(City)		(State)	(Zi	p)		_													
	nd Address of ISCOPE 3	Reporting Person*																	
COLVIIV	TOOOLE .																		

(Street) HICKORY	NC	28602					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$8.00 to \$8.03. 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.
- 2. The amount listed reflects the beneficial ownership of the issuer's securities owned by CommScope, Inc. of North Carolina ("CommScope NC"), all of which may be deemed attributable to CommScope Holding Company, Inc. and CommScope, Inc. because CommScope NC is a wholly-owned subsidiary of CommScope, Inc., which is itself a wholly-owned subsidiary of CommScope Holding Company, Inc.
- 3. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$8.00 to \$8.05. 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:

CommScope, Inc. of North Carolina, by its Senior Vice President and Controller,

03/25/2016

Robert W. Granow, /s/Robert

W. Granow

CommScope Holding

Company, Inc., by its Senior

Vice President and Controller, 03/25/2016

Robert W. Granow, /s/Robert

W. Granow

CommScope, Inc., by its

Senior Vice President and

03/25/2016 Controller, Robert W. Granow,

/s/Robert W. Granow

** 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.