FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | |
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| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| - | Estimated average hurden | | | | | | | | | |

hours per response:

0.5

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

| Name and Address of Reporting Person* Mingle Robyn T | | | | | 2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM] | | | | | | | /IM (Che | elationship of ck all applica Director Officer (| (s) to Issue 10% Owr Other (sp | ner | | | |
|--|---|---------------------|---|---|--|--|------|---|--------|------------------|---|---|---|--------------------------------------|-------------------------------------|--|---------------------------------------|--|
| (Last) | (F | irst) | (Middle) | _ L | | | | | | | | X | below) | | | below) | ecity | |
| C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019 | | | | | | | | SV | P of Com | mScop | oe, Inc. | | |
| TIOU COMMISCOPE PLACE, SE | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) HICKOF | RY N | С | 28602 | | Line) X Form filed by One Reporting Personal Form filed by More than One Rep | | | | | | J | ng | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | Person | - | | | | |
| | | Та | ble I - Non-De | erivati | ive S | ecuritie | s Ac | quired, D | isp | osed o | f, or Ber | neficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | е | Executi Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 1) | | | Beneficial Owned Fo | ly | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Nature of direct eneficial wnership | | | |
| | | | | | | | Code | , | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 ar | | | | (Instr. 4) | | |
| | | | Table II - Der (e.g | | | | | uired, Dis , options | | | | | Owned | | | | • | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (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) | | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) |)11(3) | | | |
| Stock Option (right to buy) | \$18.6 | 05/15/2019 | | A | | 115,300 | | 03/01/2020 ⁽¹ | 05 | 5/15/2029 | Common Stock | 115,300 | \$0.00 | 115,300 | 0 | D | | |

Explanation of Responses:

 $1. \ Represents options that will vest equally on 03/01/2020, 03/01/2021, 03/01/2022, 03/01/2023 \ and 03/01/2024, subject to the terms of the award agreement and the reporting person's continued employment with the continued employment with th$ the issuer.

Remarks:

05/17/2019 /s/Robyn T. Mingle

** 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.