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								
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*     Townsend Joanne					2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [ COMM ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  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) 02/19/2014					X	X Officer (give title Other (specify below)  SVP for CommScope, Inc.					
(Street) HICKOF	Street) HICKORY NC 28602				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - Non-D	erivati	ve Se	curities	Acc	quired, Dis	sposed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3)  2. Transi Date			Transactio	action 2A. Deemed Execution Date,		3. Transactio Code (Inst	4. Securit	ies Acquirec Of (D) (Instr	(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s) nd 4)			,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
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 r) 8)		5. Number of		6. Date Exercisable an Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock Option (Right to Buy)	\$5.57	02/19/2014		A		16,563 <sup>(1)</sup>		02/19/2014	11/13/2022	Common Stock	16,563	\$0.00	110,06	51	D	
Stock Option (Right to Buy)	\$5.57	02/19/2014		A		4,422 <sup>(1)</sup>		02/19/2014	11/13/2022	Common Stock	4,422	\$0.00	114,48	33	D	

## Explanation of Responses:

1. On November 13, 2012, the reporting person was granted an option to purchase 82,815 shares of common stock, which vests in five equal annual installments based on the Company's satisfaction of certain performance criteria for each of the fiscal years ending December 31, 2012, 2013, 2014, 2015 and 2016. The performance criteria for 2013 were exceeded, resulting in vesting of the option as to a total of 20,985 shares (16,563 shares relating to 2013 and, due to the application of the option's catch-up vesting provision, 4,422 shares relating to 2012).

## Remarks:

/s/Frank B. Wyatt, II, under a Power of Attorney

02/21/2014

\*\* 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.