FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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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

							()				.,,										
Name and Address of Reporting Person*						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)						
McClelland Bruce William																Direc	tor		10% C	wner	
						COMM ]									X	Office	cer (give title ow)		Other (specify below)		
(Last)	(Fi	rst) (	Middle)		3. 0	Date of Earliest Transaction (Month/Day/Year)								$\neg$			EVP	& CO0	)		
C/O COMMSCOPE HOLDING COMPANY, INC.						05/22/2019											2,1	a 000			
1100 COMMSCOPE PLACE, SE																					
1100 COMMOCOTE TENCE, DE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable							
(Ctroot)									3			,	,		ne)						
(Street) HICKOR	XY NO		28602												X	Form	n filed by One	e Repor	ting Pers	on	
HICKUR	CY INC	۷	28602													Form	n filed by Moi	re than (	One Rep	orting	
																Pers	on		•	Ü	
(City)	(St	ate) (	Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Disp	osed o	f, or	Bene	eficia	ally O	wne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			4 and Se Be Ov		. Amount of Securities Beneficially Dwned Following Reported		ership Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	.  т	Γransa	ction(s) and 4)			(Instr. 4)	
Common Stock 05/22					5/22/2019						3,500		A	\$1	\$18		81,483(1)		D		
		Та	ıble II - D												y Ow	ned		,			
			(	e.g., pı	uts, c	alls	, warr	ants,	option	s, cc	onvertib	ole se	ecurit	ies)							
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. Transaction Code (Instr. 8)		of		6. Date Exercisable Expiration Date (Month/Day/Year)		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	nership m: ect (D) Indirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)				Expiration Date	Title	Amount or Number of itle Shares								

## **Explanation of Responses:**

1. As previously reported, includes (a) 6,957 restricted stock units that were granted on 07/07/2016 and will vest as to 1,591 units on 07/07/2019 and as to 5,366 units on 07/07/2020; (b) 9,480 restricted stock units that were granted on 09/01/2016 and will vest equally on 09/01/2016 and old vest equally on 09/01/2016 and old vest retably on 03/29/2021; and (d) 36,511 restricted stock units that were granted on 03/30/2021 and old 3/30/2021, and old 3/30/2021

## Remarks:

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

05/24/2019

\*\* 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.