FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVAL

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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

1. 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)				
<u>Armstrong Philip Martin JR</u>				COMM ]								Directo		10% O				
(Last) (First) (Middle)				L	COMM 1								X Officer below)	(give title	Other ( below)	specify		
						3. Date of Earliest Transaction (Month/Day/Year)								SVP, Corporate Finance				
C/O COMMSCOPE HOLDING COMPANY, INC.,				02	02/17/2016													
1100 COMMSCOPE PLACE, SE					4.1	If Amendment, Date of Original Filed (Month/Day/Year)							6.1	6. Individual or Joint/Group Filing (Check Applicable				
(Ctroot)				`   <del>"</del> . '	4. II Amendment, Date of Original Filed (Month/Ddy/Year)								Line)					
(Street) HICKOF	RY N	C	28602											X Form fi	led by One R	eporting Perso	n	
	<u> </u>	1 NC 20002												Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)															
		Tal	ole I - Non	-Deriv	/ativ	e Se	curities	Acq	quired, D	Disp	osed of	f, or Ber	neficial	y Owned				
1. Title of S	Security (Inst	tr. 3)		2. Transa	action								5. Amoui			7. Nature of		
Date (Month/D			Day/Ye	ear)	Execution Date, if any		Code (Instr.				r. 3, 4 and	Beneficia	ally (D) o	) or Indirect	ndirect Beneficial			
				(Month/Day/Yea		//Year)				_	Owned F Reported	, , ,	(Instr. 4)	Ownership (Instr. 4)				
								Code	v	Amount	t (A) or P		Transact (Instr. 3 a					
			Table II - I	Derivat	tive	Sec	urities <i>F</i>	\cau	ired. Di	spo	sed of.	or Bene	ficially	Owned				
									options									
1. Title of	2.	3. Transaction	3A. Deemed	4.	l.		5. Numbe	er of	6. Date Exe	ercis	able and	7. Title an	d	8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		r, Transactio				Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of \ \ (Month/Day/Year) 8				3) 3)	Acquired (A) Underlying Or Disposed Derivative Sec						g	(Instr. 5)	Beneficially	Direct (D)	Ownership			
Derivative														Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
					3, 4 and 5)							4	Reported Transaction(s)	s)				
													Amount or		(Instr. 4)			
									Date	١.	Expiration		Number of					
				С	Code	V	(A)	(D)	Exercisabl		Date	Title	Shares					
Stock Option	45.54	00/45/2046					(1)		00.44.0001		1 /0.0 /0.05	Common	7.400	*0.00	00.042			
(Right to Buy)	\$5.74	02/17/2016			A		7,426 <sup>(1)</sup>		02/17/2010		01/26/2021	Stock	7,426	\$0.00	99,912	D		
														•	•	-	*	

## Explanation of Responses:

1. On January 26, 2011, 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, 2011, 2012, 2013, 2014, and 2015. The performance for 2015 were partially met, resulting in vesting of the option as to a total of 7,426

## Remarks:

/s/Frank B. Wyatt, II, under a Power of Attorney 02/19/2016

\*\* 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.