FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Karlsson Peter U							2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM]								all applic Directo Officer	cable) or (give title	g Pers	son(s) to Iss 10% Ov Other (s	/ner	
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016									X Officer (give title below) SVP of CommScope					
(Street) HICKORY NC 28602 (City) (State) (Zip)					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form fi	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	Non-Deri	ivativ	e Sec	curit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	lly (Owned					
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Exec if any	Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Tra		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 01/04/201						.6			M ⁽¹⁾		10,000	Α	\$5.74	4 17,		802(2)		D		
Common Stock 01/04/201					2016	.6			S ⁽¹⁾		10,000	D	\$25.280	5.2809 ⁽³⁾ 7.		7,802 ⁽²⁾		D		
		-	Table I								posed of, , converti			y O	wned					
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 (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	sable	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to	\$5.74	01/04/2016			M ⁽¹⁾			10,000	(4	4)	01/26/2021	Common	n 10,000		\$0.00	121,67	1	D		

Explanation of Responses:

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 10, 2015.
- 2. As previously reported, includes 7,802 restricted stock units that were granted on 02/24/2015 and will vest in three equal installments on 02/24/2016, 02/24/2017, and 02/24/2018, subject to the reporting person's continued employment with the issuer.
- 3. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$25.05 to \$25.85. 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.
- 4. Per SEC guidance, excludes 21,034 unvested options that are subject to performance-based vesting conditions.

Remarks:

/s/Peter U. Karlsson

01/05/2016

** 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.