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 par raspansa:	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

1. Name and Address of Reporting Person* DRENDEL FRANK M				<u>Cc</u>	2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM]							5. Relationship of Reportir (Check all applicable) X Director Officer (give title		olicable) ctor	g Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2015								belov		below		
(Street) HICKORY NC 28602				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)											1 013	OII		
		Tabl	e I - N	lon-Deriv	ative	Secu	ırities Ad	cquire	ed, D	isposed o	f, or E	Benefic	cially	Owne	ed .		
		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Secu Bene Own		nount of Irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)
Common	Stock			07/17/20	15			S ⁽¹⁾		24,900	D	\$31.1	345 ⁽²⁾	2,0	24,284 ⁽³⁾	D	
Common	Stock													8	31,000	I	By GRAT
Common	Stock													8	31,000	I	By GRAT
Common	Stock													8	31,000	I	By GRAT
Common	Stock													4	15,000	I	By family trust
Common	Stock													3	35,955	I	By marital trust
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
			Transa Code (ansaction of (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					

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. The price shown is the weighted average prices of the shares sold in this transaction. The price range for this transaction is \$31.00 to \$31.34. 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.
- 3. As previously reported, includes 11,920 restricted stock units that were granted on 02/24/2015 and will vest in three equal installments on 02/24/2016, 02/24/2018, subject to the reporting person's continued employment with the issuer.

Remarks:

/s/Frank M. Drendel

07/20/2015

** 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.