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

| 1. Name and Address of Reporting Person* CRENSHAW RANDALL W | | | | | 2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM] | | | | | (Che | ck all applica | able) | erson(s) to Iss 10% O Other (| vner | | |
|---|--|------------|--|-------------------------------|---|--|--|--|--------------------|---|--|---|---|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2016 | | | | | - ^ | X Officer (give title Other (specify below) EVP and COO | | | | | |
| (Street) HICKOF | RY N | C | 28602 (Zip) | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date (Month/D: | | | | Transacti ate Month/Day | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 4 and Securities Beneficially Owned Followi Reported | | Ownership rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | | | | |
| | | | Table II - De | | | | | uired, Dis _l , options, | , | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution I or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date if any (Month/Day/Yea | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 7 | | |
| Stock Option (Right to Buy) | \$5.74 | 02/17/2016 | | A | | 29,708 ⁽¹⁾ | | 02/17/2016 | 01/26/2021 | Common Stock | 29,708 | \$0.00 | 313,091 | D | | |

Explanation of Responses:

1. On January 26, 2011, the reporting person was granted an option to purchase 331,275 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 criteria for 2015 were partially met, resulting in vesting of the option as to a total of 29,708 shares.

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.