FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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l	OMB APPRO	VAL						
	OMB Number:	3235-0287						
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	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*				2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DRENDEL FRANK M					COMM]									Direc		10% Owner			
(Look) (First) (Middle)																er (give title w)	Other below)	(specify	
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC.,							Frans	action	(Mon	th/Day/Year)					,				
1100 COMMSCOPE PLACE, SE			10/09/2015																
1100 COMINISCOPE PLACE, SE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) HICKORY NC 28602											X	Forn	n filed by One	e Reporting Person					
												Form filed by More than One Rep Person				orting			
(City)	(Sta	ate) (Zip)												1 013				
		Tabl	e I - N	lon-Deriva	ative	Seci	urities	Acc	quire	d, D	isposed o	f, or E	Benefi	cially (Owne	ed			
Da		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		Beneficially Owned Following		ities ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						c	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common S	Stock			10/09/201	15				S ⁽¹⁾		700	D	\$	31	1,9	73,584 ⁽²⁾	D		
Common :	Stock			10/12/201	15				S ⁽¹⁾		24,300	D	\$31.0)404 ⁽³⁾	1,9	49,284 ⁽²⁾	D		
Common !	Stock														8	31,000	I	By GRAT	
Common Stock													8	31,000	I	By GRAT			
Common S	Stock														8	31,000	I	By GRAT	
Common Stock													45,000		I	By family trust			
Common Stock											335		35,955	I	By family trust				
		Та	ıble II	- Derivativ (e.g., pu							posed of, convertib				vned				
Security or Exercise (Month/Day/Year) if any		Transa	5. Number of Operivative Derivative		ive ies ed	6. Date Exer Expiration I (Month/Day		Date			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
	of Respons				Code	v	(A) (Date Exerc	isable	Expiration Date	Title	or Numbe of Shares						

- 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 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.
- 3. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$31.00 to \$31.20. 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.

Remarks:

/s/Frank M. Drendel

10/13/2015

** 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.