FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e· 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* <u>Lorentzen Kyle David</u>					2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM]						(Che	ck all app	,	ng Per	rson(s) to Is 10% Ov Other (s	ner			
(Last)	•	irst) (P	Middle)	NY, INC.		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							- X	below		& CF	below)		
3642 E. 1	E. US HIGHWAY 70												6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctroot)													X	X Form filed by One Reporting Person					
(Street) CLARE	MONT N	C 2	8610										Form Perso	filed by Mo on	re thar	n One Repo	orting		
(City)	(S	tate) (2	Zip)		Rul	le 10)b5-	1(c)	Tran	isac	tion Indi	catio	on						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,				s Acquired (A) or If (D) (Instr. 3, 4 a				ties Fo cially (D) d Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	action(s) 3 and 4)			(Instr. 4)		
Common	Stock			03/01/2	024				A		188,100(1)) A	\	\$ <mark>0</mark>	700,8	700,875.465 ⁽²⁾ D		D	
		Tal	ole II -								osed of, c				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execuif any	Deemed cution Date, ny nth/Day/Year) A transaction Code (Instr. 8) S to Numbro of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		vative rities pired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)			Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber					

Explanation of Responses:

- $1. \ Reflects \ restricted \ stock \ units \ that \ will \ vest \ ratably \ on \ 06/01/2025, \ 06/01/2026 \ and \ 06/01/2027, \ subject \ to \ the \ reporting \ person's \ continued \ employment \ with \ the \ issuer.$
- 2. As previously reported, includes (a) 5.834 restricted stock units that were granted on 12/01/2021 and will vest on 12/01/2024; (b) 55,600 restricted stock units that were granted on 03/01/2022 and will vest ratably on 06/01/2024 and 06/01/2025; (c) 120,500 restricted stock units that were granted on 03/01/2023 and will vest ratably on 06/01/2024, 06/01/2025, and 06/01/2025, and 06/01/2023 and will vest ratably on 06/01/2023 and of 00/01/2023 and 00/01/2023 and of 00/01/2

/s/ Michael D. Coppin, Under

03/05/2024

a Power of Attorney

** 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.