Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person* Karlsson Peter U						2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. [COMM]									tionship of Reporting Per all applicable) Director Officer (give title below)		g Pers	10% Owner Other (specify below)		
(Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE					07	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015									SVP of CommScope, Inc.					
(Street) HICKORY NC 28602					_ 4. ¹	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form fi	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																				
1. Title of Security (Instr. 3) 2. Transa Date				2. Transac Date	ransaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		isposed of, or Benefi 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		(A) or	5. Amou Securiti Benefic		nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			(instr. 4)	
Common Stock 07/01/20					2015	5			M ⁽¹⁾		10,000	A	\$5.	74	17,8	,802 ⁽²⁾		D		
Common Stock 07/01/202					2015	5		S ⁽¹⁾		10,000	D	\$30.73	30.7391 ⁽³⁾		7,802(2)		D			
		-	Table								posed of, , converti				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)		D S	Price of erivative ecurity 1str. 5)	9. Number derivatives Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to	\$5.74	07/01/2015			M ⁽¹⁾			10,000	(4	4)	01/26/2021	Commo Stock	n 10,0	00	\$0.00	181,67	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 \$30.55 to \$30.92. 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

07/02/2015

** 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.