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 ar Karlsso | <u>C</u> | 2. Issuer Name and Ticker or Trading Symbol CommScope Holding Company, Inc. COMM] | | | | | | | | | icable) or r (give title | ng Per | 10% Ov | wner | | | | |
|---|---|--|-------------------|------------------|------------------|---|-----------------------------|---------|---|----------------------|--|---|--|--|---|---|--|--|
| (Last) (First) (Middle) C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014 | | | | | | | | below | SVP of CommScope, Inc. | | | |
| (Street) HICKORY NC 28602 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | ction | 2A. Exec | A. Deemed kecution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | (A) or | 5. Amo Securit Benefic | unt of ies :ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common | Stock | 2014 |)14 | | | M ⁽¹⁾ | | 6,756 | A | \$2.96 | 6 | ,756 | | D | | | | |
| Common | 2014 |)14 | | | M ⁽¹⁾ | | 744 | A | \$8.55 | 5 7 | ,500 | | D | | | | | |
| Common | 2014 |)14 | | S ⁽¹⁾ | | 7,500 | D | \$25.61 | 5(2) | 0 | | D | | | | | | |
| | | ٦ | able II | | | | | | | | posed of converti | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executi if any | | | 4. Transaction Code (Instr. 8) | | | | Exercion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$2.96 | 09/02/2014 | | | M ⁽¹⁾ | | | 6,756 | 01/14/2 | 2011 | 03/24/2019 | Common Stock | 6,756 | \$0.00 | 0 | | D | |
| Stock Option | \$8.55 | 09/02/2014 | | | M ⁽¹⁾ | | | 744 | 01/14/2 | 2011 | 01/20/2020 | Common | 744 | \$0.00 | 15,156 | 6 | 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 May 6, 2014.
- 2. The price shown is the weighted average price of the shares sold in this transaction. The price range for this transaction is \$25.50 to \$25.7001. 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/Peter U. Karlsson

09/03/2014

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** Signature of Reporting Person Date

- * 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.