FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | OMB APPROVAL | | | | | | | | | |
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| l | OMB Number: 3235-02 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | hours per response | : 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Roth Ambra R. (Last) (First) (Middle) C/O MACOM TECHNOLOGY SOLUTIONS | | | | | Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [MTSI] Date of Earliest Transaction (Month/Day/Year) 05/18/2023 | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP, GC, HR & Secretary | | | | | |
|--|---|-------|------------|--|---|--|---|-----|------------------|------|--|--------------------------------------|--|--|---|-----------------------------|--|--|---|
| HOLDINGS 100 CHELMSFORD STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| | (Street) LOWELL MA 01851 | | | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | 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 | ıoN - I | n-Derivat | tive S | ecur | ities | Acq | uired, I | Disp | osed of | , or I | Bene | ficial | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | y/Year) Exec | | Deemed cution Date, ly nth/Day/Year) | | | | | ies Acquired (A Of (D) (Instr. 3, | | | 5. Amo Securi Benefi Owned Follow | ties cially I | 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 | | ed action(s) 3 and 4) | | | |
| Common | Stock | | | 05/18/2 | 2023 | | | | S ⁽¹⁾ | | 830 |) D | | \$60 | 0 8,469 | | | D | |
| | | Tab | | Derivativ (e.g., pu | | | | | | | | | | | Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | tion Date, | Code (Instr. 8) of Deri Secu Acq (A) c Disp of [L] (Inst | | Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rative rities iired r osed) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | Disciplination of the second o | Price of erivative ecurity 1str. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The shares were sold pursuant to a sales plan adopted by the Reporting Person on November 14, 2022 and intended to comply with Rule 10b5-1 under the Securities Exchange Act of 1934.

/s/ Ambra R. Roth

05/22/2023

** Signature of Reporting Person Date

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

- * 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.