Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| ashington, | D.C. | 20549 |  |
|------------|------|-------|--|

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | TEMENT OF CHANGES IN BENEFICIAL ( | OWNERSHIP |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     Shanmugaraj Murugesan |                                                                                                                                              |         |                                                          | 2. Issuer Name and Ticker or Trading Symbol  MACOM Technology Solutions Holdings,  Inc. [ MTSI ] |                                                                                                                                                                                      |                                     |          |                                                                |                                                 |                                                                                                     |                                                             | (Che              | eck all app                                       | ationship of Reportin<br>all applicable)<br>Director                                                                 |                                     | 10% Ov                                                            | wner                                                               |  |  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|--|--|
| (Last)                                                          | (Fir                                                                                                                                         | st) (M  | Middle)                                                  | NS                                                                                               | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024                                                                                                                          |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   |                                                   |                                                                                                                      | Officer (give title below)          |                                                                   | Other (specify below)                                              |  |  |
| HOLDINGS                                                        |                                                                                                                                              |         | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                                                                                  |                                                                                                                                                                                      |                                     |          |                                                                |                                                 |                                                                                                     | 6. Individual or Joint/Group Filing (Check Applicable Line) |                   |                                                   |                                                                                                                      |                                     |                                                                   |                                                                    |  |  |
| 100 CHELMSFORD STREET                                           |                                                                                                                                              |         |                                                          |                                                                                                  |                                                                                                                                                                                      |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   |                                                   | X Form filed by One Reporting Person                                                                                 |                                     |                                                                   |                                                                    |  |  |
| (Street) LOWELL MA 01851                                        |                                                                                                                                              |         |                                                          |                                                                                                  | Form filed by More than One Reporting Person                                                                                                                                         |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   |                                                   |                                                                                                                      |                                     | orting                                                            |                                                                    |  |  |
|                                                                 |                                                                                                                                              |         |                                                          | Rule 10b5-1(c) Transaction Indication                                                            |                                                                                                                                                                                      |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   |                                                   |                                                                                                                      |                                     |                                                                   |                                                                    |  |  |
| (City)                                                          | (Sta                                                                                                                                         | ate) (Z | ľip)                                                     |                                                                                                  | Check this box to indicate that a transaction was made pursuant to a contract, instruction or writ satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   | uction or writt                                   | en pla                                                                                                               | n that is inter                     | nded to                                                           |                                                                    |  |  |
|                                                                 |                                                                                                                                              | Table   | I - Non                                                  | -Deriva                                                                                          | tive S                                                                                                                                                                               | Secui                               | rities   | Acq                                                            | uired,                                          | Dis                                                                                                 | posed of                                                    | , or E            | Bene                                              | ficial                                                                                                               | ly Own                              | ed                                                                |                                                                    |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da      |                                                                                                                                              |         | Execution Da                                             |                                                                                                  | Date,                                                                                                                                                                                | Transaction Disp<br>Code (Instr. 5) |          | Disposed (                                                     | Securities Acquired (A sposed Of (D) (Instr. 3, |                                                                                                     |                                                             | Benefic<br>Owned  | ties For<br>cially (D)<br>I Following (I) (       |                                                                                                                      | n: Direct<br>r Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |                                                                    |  |  |
|                                                                 |                                                                                                                                              |         |                                                          |                                                                                                  |                                                                                                                                                                                      |                                     | Code V   |                                                                | Amount                                          | (A)<br>(D)                                                                                          | or F                                                        | Price             | Reported Transaction(s) (Instr. 3 and 4)          |                                                                                                                      |                                     |                                                                   | (Instr. 4)                                                         |  |  |
| Common Stock 03/08/                                             |                                                                                                                                              |         | 03/08/2                                                  | 2024                                                                                             |                                                                                                                                                                                      |                                     | A        |                                                                | 2,138(1)                                        | A                                                                                                   | 1                                                           | \$ <mark>0</mark> | 0 4,215                                           |                                                                                                                      |                                     | D                                                                 |                                                                    |  |  |
|                                                                 | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |                                                          |                                                                                                  |                                                                                                                                                                                      |                                     |          |                                                                |                                                 |                                                                                                     |                                                             |                   |                                                   |                                                                                                                      |                                     |                                                                   |                                                                    |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any                                                                      |         | 4.<br>Transaction<br>Code (Instr.<br>8)                  |                                                                                                  | of E                                                                                                                                                                                 |                                     | Expirati | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                                                             | str.              | . Price of<br>Derivative<br>Decurity<br>Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y                                   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|                                                                 |                                                                                                                                              |         |                                                          |                                                                                                  | Code                                                                                                                                                                                 | v                                   | (A)      | (D)                                                            | Date<br>Exercis                                 | able                                                                                                | Expiration<br>Date                                          | Title             | Amor<br>or<br>Num<br>of<br>Share                  | ber                                                                                                                  |                                     |                                                                   |                                                                    |  |  |

## **Explanation of Responses:**

1. Represents restricted stock units granted to the Reporting Person under the Issuer's 2021 Omnibus Incentive Plan. Each restricted stock unit represents the contingent right to receive one share of Common Stock. The restricted stock units vest in full on March 8, 2025, provided that the Reporting Person remains in continuous service with the Issuer through the vesting date

/s/ Ambra R. Roth, Attorney-

03/12/2024

in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.