FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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

| | nd Address of D CHAR | <u>M</u> . | 2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [MTSI] | | | | | | | | | | Relationship of Reportin heck all applicable) X Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (specify | | wner | | | |
|--|--|--|--|-------|---|---------------|-----------------|---------|---|------------------|---------------|--|---|--|---|--|---------------------------|--|---|---|
| (Last) C/O MA HOLDIN | (First) (Middle) MACOM TECHNOLOGY SOLUTIONS DINGS | | | | | | f Earlie 018 | st Trar | sactio | on (Mor | nth/[| Day/Year) | \dashv | below |) | | below) | | | |
| 100 CHE | ELMSFORI | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) LOWELL MA 01851 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | ate) | e) (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Dat | | | Code (Instr. | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefic Owned | ies ially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common | Stock | 1/2018 | 2018 | | | | M | | 250 | | A | \$2 | 28 | 28,576 | | D | | | | |
| Common Stock 09/04/2 | | | | | | | 2018 | | | S ⁽¹⁾ | | 250 | | D | \$22.6 | 51 28 | 8,326 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 1. Transaction Code (Instr. 3) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | piration ate | Title | | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$2 | 09/04/2018 | | | М | | | 250 | | (2) | 07 | //22/2020 | Comr | | 250 | \$0 | 10,500 | | D | |

Explanation of Responses:

- 1. The shares were sold pursuant to a sales plan adopted by the Reporting Person and intended to comply with Rule 10b5-1 under the Securities Exchange Act of 1934.
- 2. The Stock Option vested in full on April 15, 2011.

Remarks:

/s/ Ambra R. Roth, Attorney-

09/06/2018

in-Fact

** 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.