FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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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* Behfar Alex | | | | | 2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [MTSI] | | | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | 10% Othe | Owner (specify | |
|--|---|--|---|---------------------------------|--|--|--|-------|------------------------------------|-------|---|-------|---|----------------------|--------|--|---|---|--|--|
| HOLDIN |) MACOM TECHNOLOGY SOLUTION LDINGS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2017 | | | | | | | | | | Λ | SVP | , | belov ientist, Photo | , | |
| 100 CHELMSFORD STREET (Street) LOWELL MA 01851 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ır) E | Execution if any | A. Deemed xecution Date, any //onth/Day/Year) | | | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | and Secu | | cially I Following | 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 | | Transa | action(s) 3 and 4) | | (111341. 4) | |
| Common Stock 05/15 | | | | | 05/15/2017 | | | | F | | 4,779 | 1) | D | \$51.31 | | 31 72,827 ⁽²⁾ | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, Transaction Code (Inst | | | | | 6. Date E Expiratio (Month/D | n Dat | e Am ar) Sec Und Der Sec | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | rative rity . 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ıres | | | | | | |

Explanation of Responses:

- 1. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of restricted stock units and settling of performance-based restricted stock units on May 15, 2017.
- 2. Reflects an adjustment to account for a rounding-based de minimus discrepancy between the of the number of shares previously reported as being issued to the Reporting Person upon the vesting of performance-based stock units on November 9, 2016 and the number of such shares released to the Reporting Person on May 15, 2017.

Remarks:

/s/ Clay Simpson, Attorney-in-

05/17/2017

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.