FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JAVC |
|------------------------|----------|
| OMB Number: | 3235-028 |
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| hours per response: | 0. |
| | |

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 and Address of Reporting Person* MCMULLAN ROBERT | | | | | | 2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [MTSI] | | | | | | | | | Check a | tionship of Reportin all applicable) Director Officer (give title | | 10% | Issuer Owner r (specify |
|---|---|--|--|--------|-----------------------------------|--|-------------------|---|-----------------|---|----------------------|--|---|----------------------|---|--|--|---|---|
| (Last) | (Fir | rst) (I | Middle) | | | | | | | | | | | | X | belov | v) | belov | v) . |
| C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2017 | | | | | | | | | | SV | P, Chief Fi | nancial Offi | cer |
| 100 CHELMSFORD STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| LOWELL MA 01851 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curiti | es Aco | quired | , Dis | posed c | of, o | r Ben | efici | ally C |)wne | ed | | |
| Date | | | | | Date Exe (Month/Day/Year) if a | | Executi if any | A. Deemed xecution Date, any Month/Day/Year) | | | | Securities Acquired (A) posed Of (D) (Instr. 3, | | | 4 and Secu Bene Own | | 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 | . 17 | Reported Transaction(s) (Instr. 3 and 4) | | | (instr. 4) |
| Common Stock 11/17/ | | | | | | .1/17/2017 | | | | V | 159 | | A | \$27.92 | | 61,244 | | D | |
| | | Та | ble II - D | | | | | | | | osed of, onvertib | | | | y Ow | ned | | | |
| 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/Day | Date, | 4. Transactio Code (Instr | | n of | | Expirati | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Prio Deriva Secur (Instr. | ative dirity S | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | ount mber ares | | | | | |

Explanation of Responses:

1. Shares purchased under the Issuer's Employee Stock Purchase Plan.

Remarks:

/s/ Clay Simpson, Attorney-in-

11/21/2017

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.