| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Chaoly this hay if no longer subject to |
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| Check this box if no longer subject to |
| Section 16. Form 4 or Form 5 |
| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person [*] | | | 2. Issuer Name and Ticker or Trading Symbol <u>MACOM Technology Solutions Holdings</u> , Inc. [MTS1] | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | |
|--|--------------|----------|--|-------------------|--|-----------------------|--|
| (Last) (First) (Middle) | | | <u>Inc.</u> [MTSI] | | Officer (give title below) | Other (specify below) | |
| C/O MACOM T HOLDINGS | FECHNOLOGY S | OLUTIONS | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2018 | | | | |
| 100 CHELMSFORD STREET | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | lividual or Joint/Group Filing (Check Applicable | | |
| (Street) | | | | X | Form filed by One Report | ing Person | |
| LOWELL | MA | 01851 | | | Form filed by More than C Person | One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | 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 | Transaction(s) (Instr. 3 and 4) | | (1130. 4) |
| Common Stock | 03/02/2018 | | A | | 6,086 ⁽¹⁾ | Α | \$ <mark>0</mark> | 20,875 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents restricted stock award granted to the Reporting Person under the Issuer's 2012 Omnibus Incentive Plan, as amended and restated. The restricted stock vests on February 15, 2019, provided that the Reporting Person remains in continuous service with the Issuer through the vesting date.

Remarks:

/s/ Clay Simpson, Attorney-in-Fact 03/06/2018

** 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.