FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Inchrication 4/b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|---|---|---|---|---|--|------------|---|--|---|---|---|---|-----------------------------------|--|---------------------------------------|
| Daly Stephen G | | | | | Inc. [MTSI] | | | | | | | | | | X Dire | ctor | | 10% Ov | vner |
| (Last) | (Fir | st) (N | /liddle) | | | | | | | | | | | | X Office below | er (give title w) | | Other (s | specify |
| C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2022 | | | | | | | | | | Presiden | t and (| CEO | | | |
| 100 CHELMSFORD STREET | | | | 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 | | | orting |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non- | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | eficia | ally Own | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execu ay/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) | | Disposed (| ties Acquired (A I Of (D) (Instr. 3, | | (A) or 3, 4 ar | nd Secur Benef | icially d Following | Form: | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) |) or) | Price | Trans | action(s) 3 and 4) | | | (111341. 4) | |
| Common Stock 11/10/2 | | | | | 2022 | | | | S ⁽¹⁾ | | 25,000 |) D | | \$67 | 7 4 | 412,194 | | 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 | n Date, | Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercis | able | Expiration Date | Title | of | nber res | | | | | |

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.

/s/ Ambra R. Roth, Attorneyin-Fact

11/15/2022

** 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.