FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
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| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANGE | S IN BENEFIC | IAL OWNERSH | IΡ |
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| Estimated average burden | | | | | | | | | |
| hours per respons | 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

| 1. Name and Address of Reporting Person* <u>Daly Stephen G</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [MTSI] | | | | | | | (Che | ck all app | licable) tor | ng Per | son(s) to Is: | vner | | |
|--|--|--|-----------------|--------------------------------|--|--|-------------------------|-------------------------------------|-----------------|--|--------------------|---|---|-----------------|---|--|--|------------|--------|
| (Last) | (Fir | st) (N | /liddle) | | | | | | | | | X | below | , | | Other (s below) | вресну | | |
| C/O MA HOLDIN | | HNOLOGY SOI | LUTIO | NS | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2022 | | | | | | | | President | t and | CEO | | | |
| 100 CHE | ELMSFORI | STREET | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | l ' | Line) X Form filed by One Reporting Person | | | | |
| LOWEL | L M | A 0 | 1851 | | | | | | | | | | | | Form Perso | | re thar | n One Repo | orting |
| (City) | (Sta | ate) (Z | ľip) | | | Feison | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | Benef | icial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | , 4 and Securi Benefi Owned | | ties For icially (D) d Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | | | ection(s) 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 04/05/2 | 2022 | | S ⁽¹⁾ | | 200 | D | \$ | 59.37 | 290,548 | | | 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) | if any | emed on Date, /Day/Year) | | saction e (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

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, Attorney-04/07/2022 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.