SI	EC Form 4	
	FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549
Г	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
	Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

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	ctions may contil ction 1(b).	lue. See	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									hours	per response:	0.5			
1. Name and Address of Reporting Person [*] Kober John					2. Issuer Name and Ticker or Trading Symbol <u>MACOM Technology Solutions Holdings</u> , <u>Inc.</u> [MTSI]								ck all app Direc	licable) tor er (give title	ng Person(s) to 10% C Other below	wner (specify	
(Last) (First) (Middle) C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2020								,	P and CFO			
100 CHELMSFORD STREET				4. lf A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	L M.	A 0	1851									X	-	filed by Mor	e Reporting Per re than One Re		
(City)	(City) (State) (Zip)																
		Table	I - No	on-Deriva	tive S	Secur	ities Acq	uired	, Dis	posed of,	or Ber	eficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					tion	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficial Owned Fo			7. Nature of Indirect Beneficial Ownership	
					y/Year)	if any	,	Code ((D) (Instr.	3, 4 and	Benefi Owned	cially Following	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					y/Year)	if any	,	Code ((D) (Instr. (A) or (D)	3, 4 and Price	Benefi Owned Report Transa	cially Following	(D) or Indirect	Beneficial	
Common	ı Stock					if any	,	Code (8)	Instr.	5)	(A) or		Benefi Owned Report Transa (Instr. 3	cially Following ed ction(s)	(D) or Indirect	Beneficial Ownership	
Common Common				(Month/Day	.020	if any	,	Code (8) Code	Instr.	5) Amount	(A) or (D)	Price	Benefi Owned Report Transa (Instr. 3	cially I Following ed ction(s) 3 and 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
		Ta	ble II -	(Month/Day 11/05/2 11/05/2 Derivati	:020 :020	if any (Month	h/Day/Year)	Code (8) Code A F ired, I	v Disp	5) - Amount 16,500 ⁽¹⁾	(A) or (D) A D r Bene	Price \$0 \$41.43 ficially	Benefi Owned Report Transa (Instr. 3 11	cially Following ed ction(s) 3 and 4) 9,692 2,374	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	ar) 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Represents performance-based restricted stock units ("PRSUs") granted to the Reporting Person on October 29, 2019 under the Issuer's 2012 Omnibus Incentive Plan, which vested and settled in shares of Common Stock on November 5, 2020.

2. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting and settling of PRSUs on November 5, 2020.

Remarks:

/s/ Ambra R. Roth, Attorneyin-Fact

11/06/2020

** 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.