FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours ner resnonse.	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*  Roth Ambra R.  (Last) (First) (Middle)  C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS 100 CHELMSFORD STREET  (Street) LOWELL MA 01851					3. Da 11/0	Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings, Inc. [ MTSI ]      Date of Earliest Transaction (Month/Day/Year) 11/04/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)							S. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  SVP, GC, HR & Secretary  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date,		Transaction   I		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		ties cially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r Pri	ce	Transa	ction(s) 3 and 4)			(30. 4)	
Common Stock 11/04/2				11/04/2	021	021			A		11,214(1)	) A		\$0	42,207			D	
Common Stock 11/04/20				021	021			A		5,055 <sup>(2)</sup>	A \$0		\$0	0 47,262			D		
Common Stock 11/04/2				11/04/2	021			A		7,863 <sup>(3)</sup>	(i) A		\$0	55	5,125		D		
Common Stock 11/04/20				021			F		11,898(4)	D \$74		4.52	43,227			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)	tive or Exercise of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		Transa Code (		5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Expirat (Month)  Date Exercise	tion Da /Day/\			Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **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 4, 2021.
- 2. Represents PRSUs granted to the Reporting Person on November 6, 2018 under the Issuer's 2012 Omnibus Incentive Plan, which vested and settled in shares of Common Stock on November 4, 2021.
- 3. Represents PRSUs granted to the Reporting Person on October 28, 2020 under the Issuer's 2012 Omnibus Incentive Plan, which vested and settled in shares of Common Stock on November 4, 2021.
- 4. 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 4, 2021.

## Remarks:

/s/ Ambra R. Roth

11/05/2021

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.