SEC For	rm 4 FORM	4 U		) STAT	TES S	SEC	URITIE	S AN	DE	XCHAN	IGE C	омі	NISSIO	N		
						Washington, D.C. 20549										OVAL
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1. Name and Address of Reporting Person* BLAND CHARLES R					MA	2. Issuer Name and Ticker or Trading Symbol <u>MACOM Technology Solutions Holdings</u> , <u>Inc.</u> [ MTSI ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)			Owner (specify
C/O MA HOLDI	(Last) (First) (Middle) C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS					3. Date of Earliest Transaction (Month/Day/Year) 02/02/2021							belov	•)	DCION	,
100 CHELMSFORD STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
	LOWELL MA 01851												Form Perse		ore than One Re	porting
(City) (State) (Zip)			Zip)													
		Table	I - Nor	n-Deriva	ative S	ecui	rities Acq	uired,	Disp	posed of	, or Ber	nefici	ally Own	ed		
Date				Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price	Transaction			(Instr. 4)
Common Stock 02/02				02/02/	2021			G	v	1,500	D	\$(	) 3	8,496	D	
Common Stock 02/03/2					2021			G	v	300	D	\$(	) 3	8,196	D	
		Та					ies Acqu varrants,							d		
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution I ty or Exercise (Month/Day/Year) if any		on Date,	4. Transactic Code (Inst ) 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)			Amount of De Securities Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Iy Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

**Remarks:** 

## /s/ Ambra R. Roth, Attorney-02/03/2021 in-Fact

Amount or Number

of Shares

Title

\*\* 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).

Code v (A) (D)

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.

Date Exercisable

Expiration Date