FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

37 Estimated average burden hours per response: 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

| | | | | | | | • | <u> </u> | | | | | | | | | | | | |
|---|---|--|---|----------|---|--|---|----------|-----------------------------------|--------|----------------------|--|--------------------------------------|---|--|---|--------------------|--|--|--|
| 1. Name and Address of Reporting Person* Murphy Michael T. | | | | | | 2. Issuer Name and Ticker or Trading Symbol M/A-COM Technology Solutions Holdings, Inc. [MTSI] | | | | | | | | | | | | | o Issuer 6 Owner er (specify | |
| (Last) (First) (Middle) 100 CHELMSFORD STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2014 | | | | | | | | below) | SVP, En | gine | below) | | |
| (Street) LOWEL (City) | | | 01851 (Zip) | | - 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indiv ine) X | , | | | | | |
| | | Tab | le I - No | n-Deri | vative | e Sec | uriti | ies Ad | cquire | d, Di | sposed o | of, or Be | nefici | ally (| Owned | I | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | | 2. Trans | action | 2/ Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securit | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amou Securiti Benefic Owned | | nt of es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | e V | Amount | (A) or (D) | Price | | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common | 5/2014 | 2014 | | | М | | 3,600 | A | \$0. | 64 | 48, | 819(1) | | D | | | | | | |
| Common Stock 08/25/2 | | | | | 5/2014 | 2014 | | | S | | 3,600 | D | \$22. | 575 | 45,219 | | | D | | |
| | | T | able II - | | | | | | | | posed of converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of crivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | | |
| Employee Stock Option (Right to | \$0.64 | 08/25/2014 | | | M | | | 3,600 | (2) | | 11/10/2019 | Common Stock | 3,600 | | \$0 | 8,480 | | D | | |

Explanation of Responses:

- 1. Includes 121 shares acquired under the issuer's employee stock purchase plan in May 2014.
- 2. Represents 150,000 stock options originally granted to the reporting person on November 10, 2009. One-fifth (1/5th) of the stock options vested and became exercisable on November 2, 2010 and one-sixtieth (1/60th) of the stock options vest monthly thereafter provided that the reporting person remains in continuous services with the issuer as of each vesting date.

/s/ Clay Simpson, Attorney-in-** Signature of Reporting Person

Fact

08/27/2014

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.