Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **OMB APPROVAL**

OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange	Act of 1	193
or Section 30(h) of the Investment Company Act of 1	940	

Name and Address of Reporting Person*      MCMULLAN ROBERT  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol  M/A-COM Technology Solutions Holdings,  Inc. [ MTSI ]  3. Date of Earliest Transaction (Month/Day/Year)									Director Market Mark	ationship of Reporting k all applicable) Director Officer (give title below)		10% Ov Other (s below)	ner	
` ′	ELMSFORI	•	(,				2014	Halls	action (ivid	JI IU I/ L	Јау/ Геаг)				SVI	, Chief Fi	nanc	ial Office	r	
(Street) LOWEL (City)			01851 (Zip)	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) X Form t Form t	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tak	ole I - Nor	n-Deriv	ative	e Se	curities	s Acc	quired,	Dis	posed c	of, or	Bene	eficiall	y Owned	<u> </u>				
''' ''' '			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (1 8)	Disposed	. Securities Acquired (A) isposed Of (D) (Instr. 3, 4 )			5. Amou Securiti Benefic Owned Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(	
Common	Stock			04/22	2/201	4			A		20,803	3(1)	A	\$0	56	,723		D		
		•	Table II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	ransa Code (I				6. Date Exercisa Expiration Date (Month/Day/Yea		•	of Se Unde Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisab		Expiration Date	Title	1	Amount or Number of Shares						
Employee Stock Option	\$17.5	04/29/2014			A		30,000		(2)	C	)4/29/2024	Comi		30,000	\$0	30,000	)	D		

## **Explanation of Responses:**

Buy)

- 1. Represents restricted stock units granted to the reporting person under the issuer's 2012 Omnibus Incentive Plan. Each restricted stock unit represents the contingent right to receive one share of the issuer's common stock. The restricted stock units vest in four equal annual installments on May 15, 2015, May 15, 2016, May 15, 2017 and May 15, 2018, provided that the reporting person remains in continuous service with the issuer through each vesting date.
- 2. The stock options vest immediately upon the issuer's common stock achieving a market price of \$32.55 per share, provided that the reporting person remains in continuous service with the issuer through the vesting date.

/s/ Clay Simpson, Attorney-in-05/01/2014 **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.