Edgar Filing: ADAMS AUSTIN A - Form 4

ADAMS AU	STIN A											
Form 4												
May 08, 2018	3											
FORM				PPROVAL								
		SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						3235-0287				
Check this box					Expires:	January 31,						
if no longe subject to	STATEN	MENT O	F CHAN	GES IN I	Estimated average 2005							
Section 16	ó .			SECURITIES						burden hours per		
Form 4 or									response	•		
Form 5	Filed put	rsuant to	Section 16	b(a) of the	e Securiti	ies Ez	xchang	ge Act of 1934,				
obligation may contin		(a) of the	Public Ut	ility Hold	ing Com	ipany	Act o	f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
1 Name and Address of Departing Derson *			2.1	NT	T. 1 7	т. 1.		5. Relationship of Reporting Person(s) to				
				Name and	licker or	I radin	g	Issuer				
			•	Symbol								
			CommScope Holding Company, Inc.					(Check all applicable)				
			-	[COMM]								
(Last)	(First) (Middle)		Date of Earliest Transaction				X_ Director 10% Owner Officer (give title Other (specify				
				Month/Day/Year)				below) below)				
	SCOPE HOLDI	ING	05/04/20)18								
COMPANY,												
COMMISCO	PE PLACE, SE											
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line) X Form filed by One Reporting Person			
HICKODY NG 20(02								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
HICKORY,	NC 28002							Person		1 0		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	ned 3. 4. Securities					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Executi	on Date, if		onAcquired	l (A) c	or	Securities	Form: Direct			
(Instr. 3) any								Beneficially Owned		Beneficial		
		(Month/Day/Year)							Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Following Reported	(11150.4)	(1150.4)		
						(A)		Transaction(s)				
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	05/04/2018			А	5,712	A (1)	\$0	22,858	D			
STOCK						<u> </u>						

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	 6. Date Exercisable ar biofNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ADAMS AUSTIN A C/O COMMSCOPE HOLDING COMPANY, INC., 1100 COMMSCOPE PLACE, SE HICKORY, NC 28602	Х					
Signatures						
/s/Michael D. Coppin, under a Power of Attorney	05/08/20	18				
**Signature of Reporting Person	Date					
Explanation of Responses:						

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).

Reflects restricted stock units granted pursuant to the issuer's non-employee director compensation plan, which vest on May 4, (1) 2019, subject to the director's continued membership on the Board of Directors on such date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.