FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	\sim	20540	

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	e burden									

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-14(a) (September 2018)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Struble Wayne Mook					2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings,								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Struble Wayne Mack				Inc. [MTSI]							.0_/		Director			10% Ov			
														1	Officer (give title below)			Other (s below)	specify
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year)							-		SVP, Advanced Semiconductor					
C/O MACOM TECHNOLOGY SOLUTIONS			11/08/2024																
HOLDINGS																			
100 CHELMSFORD STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														Line)	Form	filed by On	e Reno	ortina Perso	n I
LOWEL	L M.	A 0	1851													filed by Mo		•	
,															Perso				9
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of 3	Security (Ins	tr. 3)		2. Transact	ion	2A. D	eemed		3.		4. Securities	Acqui	red (A)	or -	5. Amo	ount of	6. Ov	vnership	7. Nature
Date (Month/Day				(Month/Day/Year) Execution Dat (f any		•	Code (Instr. 5)		Disposed O	Of (D) (Instr. 3, 4		l and Securi Benefi Owned		cially I Following	(D) or	r Indirect istr. 4)	of Indirect Beneficial Ownership		
						Code V Amount (A) or Pri				Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 11/08/2				024	4 F 301 ⁽¹⁾ D \$137.86 16,654		5,654 D												
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ıts, ca	alls, v	varra	ınts,	optio	ns, o	convertib	le se	curitie	es)					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	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	Amour or Number of Shares	r					

Explanation of Responses:

1. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligatinos in connection with the vesting of restricted stock units on November 8, 2024.

/s/ Ambra R. Roth, Attorney-

in-Fact

** Signature of Reporting Person Date

11/12/2024

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.