FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

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).

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-

## 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 Mack			2. Issuer Name and Ticker or Trading Symbol MACOM Technology Solutions Holdings,							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner									
			Inc. [ MTSI ]							N.	Officer (give title below)			Other (s	specify				
(Last)	(Last) (First) (Middle)											-	SVP, Advanced Semiconductor						
C/O MACOM TECHNOLOGY SOLUTIONS HOLDINGS			3. Date of Earliest Transaction (Month/Day/Year) 10/23/2024									,							
100 CHELMSFORD STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														N.	/ / Form	filed by On	e Repo	orting Perso	on
LOWEL .	L M	A 0	1851												Form Perso	filed by Mo on	re thar	One Repo	orting
(City)	(Sta	ate) (Z	Zip)																
		Table	I - Non-l	Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr 5)			, 4 and Secur Bene		ities For icially (D) d Following (I) (		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	(A) (D)	(A) or (D) Price		Transaction(a)				(111501. 4)		
Common Stock 10/23/			10/23/2	2024			A		2,349(1)	) A		\$ <mark>0</mark>	17,775			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, curity   or Exercise   (Month/Day/Year)   if any		Date,	4. Transaction Code (Instr. 8)		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		S (1	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Represents restricted stock units ("RSUs") granted to the Reporting Person under the Issuer's 2021 Omnibus Incentive Plan. Each RSU represents the contingent right to receive one share of Common Stock. The RSUs vest as to 783 shares on 10/23/2025, 783 shares on 10/23/2026 and 783 shares on 10/23/2027, provided that the Reporting Person remains in continuous service with the Issuer through each such vesting date.

/s/ Ambra R. Roth, Attorneyin-Fact

10/25/2024

\*\* 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.