M/A-COM Technology Solutions Holdings, Inc. Form 4 November 12, 2015

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue Section 17(a) of the Public Utility Ho						<b>S IN BENEFICIAL OWNERSHIP OF</b> <b>CURITIES</b> of the Securities Exchange Act of 1934, Holding Company Act of 1935 or Section nent Company Act of 1940					Expires:January 31 2005Estimated average burden hours per response0.5	
1(b). (Print or Type Ro	esponses)											
Behfar Alex Symbol M/A-CC				Name <b>and</b> Ticker or Trading DM Technology Solutions (s, Inc. [MTSI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date				of Earliest Transaction /Day/Year)					Director 10% Owner X_ Officer (give title Other (specify below) SVP & GM, Photonic Solutions			
				ndment, Date Original th/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
LOWELL, M	IA 01851								Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr. 3	8)	4. Securit nAcquired Disposed (Instr. 3, -	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/09/2015			A	Ŷ	4,190 (1)	A	\$ 0	22,246 <u>(2)</u>	D		

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	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		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Behfar Alex 100 CHELMSFORD STREET LOWELL, MA 01851			SVP & GM, Photonic Solutions					
Signatures								
/s/ Clay Simpson, Attorney-in-Fact	1	11/12/2015						

\*\*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).

Represents performance based restricted stock units (the "Performance RSUs") granted on April 22, 2015 to the Reporting Person under the Issuer's 2012 Omnibus Incentive Plan which vested on November 9, 2015. The vested Performance RSUs will settle in shares of

- (1) die 15sder 5 2012 Ominious incentive i nar which vested on rovenber 5, 2013. The vested Performance RSOS will settle in shares of common stock on May 15, 2016, provided that the Reporting Person remains in continuous service with the Issuer through the settlement date.
- (2) Reflects an adjustment from previously reported ownership to exclude previously reported Performance RSUs granted, but for which the vesting criteria has not been met.

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.