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

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer CTATEMENT OF CHANCES IN DENEELCIAL OWNERSHIP OF								Expires:	January 31, 2005		
subject to Section 10 Form 4 or		F CHANGES IN BENEFICIAL OW SECURITIES						Estimated a burden hou response	average Irs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type R	esponses)										
Virk Preetinder S. S.			2. Issuer Name and Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
				A-COM Technology Solutions dings, Inc. [MTSI]				(Check all applicable)			
				of Earliest Transaction Day/Year) 2015				Director 10% Owner X Officer (give title Other (specify below) SVP & GM, Carrier Networks			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LOWELL, N								Form filed by I Person	More than One Re	eporting	
(City)	(State) (2	Zip)	Table	I - Non-Do	erivative S	ecuri	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(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			А	5,091 (1)	A	\$0	47,497 <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	Secur	unt of 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

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Virk Preetinder S. 100 CHELMSFORD STREET LOWELL, MA 01851			SVP & GM, Carrier Networks					
Signatures								
/s/ Clay Simpson, Attorney-in-Fact	1	1/12/2015						

<u>**</u>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.