COMMSCOPE INC

Form 4

December 16, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

Check this box if no longer

January 31, Expires: 2005

OMB APPROVAL

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response...

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

12/14/2008

(Print or Type Responses)

(11111 of 1)pe	responses)									
1. Name and Address of Reporting Person * HALLY EDWARD A			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			COMMSCOPE INC [CTV]			(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction					
			(Month/D	ay/Year)		Director	10%			
1100 COMMSCOPE PLACE, SE			12/14/2008			_X_ Officer (giv below)	e title Oth below)	er (specify		
						· · · · · · · · · · · · · · · · · · ·	tive Vice Presid	ent		
(Street)			4. If Amendment, Date Original 6.			6. Individual or Joint/Group Filing(Check				
			Filed(Mor	th/Day/Yea	r)	Applicable Line)				
						X Form filed by	1 0			
HICKORY	, NC 28602					Form filed by l Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acc	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o		
Security	(Month/Day/Year) Execution	n Date, if	Transacti	ion(A) or Disposed of	Securities	Form: Direct	Indirect		
(Instr. 3) any			Code	(D)	Beneficially	(D) or	Beneficial			

1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Disposed of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership
					Following	(Instr. 4)	(Instr. 4)

Reported (A) Transaction(s) (Instr. 3 and 4) Amount (D) Price

 $A^{(1)}$ 10,260 Α \$0 10,260 D

By Common Ι Savings 321.73 Stock Plan (2)

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/		Underly Securiti (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationship

10% Owner Officer Other Director

HALLY EDWARD A Executive 1100 COMMSCOPE PLACE, SE Vice HICKORY, NC 28602 President

Signatures

/s/Edward A. 12/16/2008 Hally

**Signature of Date Reporting Person

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).
- (1) The shares were acquired in connection with the vesting of performance unit awards granted in December 2005.
- (2) Shares held by Savings Plan as of December 14, 2008.

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.

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