FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burd	len								
	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).

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. Name and Address of Reporting Person*  MASSOUD I JOSEPH						2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [ CODI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) SIXTY O SECOND	NE WILT	irst) ON ROAD	05/2	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2008									Officer (give title X Other (specify below)  See Remarks (a)							
(Street) WESTPORT CT 06880					4. 11 4	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S												Pers	OII						
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,				3. Transa Code (	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				d !	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						╀			Code	V	Amount		(A) or (D)	Price	- (	(Instr.	3 and 4)			
Shares <sup>(1)</sup> 05/2						╀			P		200		A	\$12.82		45,200		D		
Shares <sup>(1)</sup>				05/27/		╀			P		900	_	A	\$12.83		46,100		D		
					05/27/2008				P		1,900	4	<u>A</u>	\$12.	$\dashv$			D _		
Shares <sup>(1)</sup>		27/2008				P		800	4	A .	\$12.86		48,800		D _					
					/27/2008				P		889	4	<u>A</u>	\$12.87		49,689		D _		
Shares <sup>(1)</sup>					05/27/2008				P		1,000	4	A	\$12.88		50,689		D		
					27/2008				P		611	$\dashv$	A .	\$12.9		51,300		D		
					27/2008				P	_	1,300	-	<u>A</u>	\$12.91		52,600		D		
					7/2008				P		1,700	4	A	\$12.92		54,300		D		
Shares <sup>(1)</sup> 05/27/2									P		300		A				4,600	D		
Shares <sup>(1)</sup> 05/27					/2008				P		400		A	\$12.95		55,000		D		
Shares <sup>(1)</sup>															266,667		I	Through Pharos I LLC <sup>(2)</sup>		
		T	able II - I								sed of, onvertib				Ow	ned				
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transac Code (Ir 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)				ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation	of Respon	ses:			Code	v	(A)	(D)	Date Exercisa		Expiration Date	on Title Amoun		mber						

- Trust.
- 2. Amounts with respect to Mr. Massoud reflect his beneficial ownership of Shares through his interest in, and control as Managing Member of, Pharos I LLC.

## Remarks:

(a) Mr. Massoud is a Director and the Chief Executive Officer for Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ I. Joseph Massoud, by

James J. Bottiglieri as attorney- 05/29/2008

in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.