FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was	hington,	D.C.	20549
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STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	HIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

					_		. ,				' '									
Name and Address of Reporting Person* Large Mark II						2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [CODI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Lazarus Mark H</u>					1							-			Direc			10% C)wner	
														4	Offic	er (give title		Other below	(specify	
(Last)	(Fii	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									See Remark (a)					
SIXTY C	NE WILTO	ON ROAD			01/	01/04/2011									occ remark (a)					
SECONI	FLOOR																			
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)	1 '					
WESTPO	ORT CT	Γ (06880											X	X Form filed by One Reporting Person					
					.										Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)												1 613	OII				
(=:5)	(
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	3ene	eficially	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac	tion	Execution Date,			3. 4. Securities Acquired (A) or							. Ownership	7. Nature			
				Date (Month/Da	v/Year)				Transaction Code (Instr. 3, 4 8)		f (D) (Instr. 3, 4 ar		4 and 5)	Secur Benef			Form: Direct (D) or Indirect	of Indirect Beneficial		
				(.,, . o,	(Month/Day/Year)					Owne	d Following		(I) (Instr. 4)	Ownership (Instr. 4)					
									Code	v	Amount	(A) or Price		rice	Reported Transaction(s				(Instr. 4)	
					Oouc	ľ	Amount	(D)			(Instr.	3 and 4)								
Shares ⁽¹⁾				01/04/2	2011	011			P		1,142	A \$17		17.4347	9,045		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
											convertib									
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nui	mber	6. Date	Exerc	isable and	7. Title	and	8. P	rice of	9. Number o	f 10.		11. Nature	
Derivative	Conversion	Date	Executi		Date, Transa		of		Expirat	tion Da	ite	Amou	nt of	Der	ivative	derivative	Own	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/I	Day/Year) Cod		ınstr.	r. Derivative Securities		(Month/Day/Year)			Securities Underlying			urity tr. 5)	Securities Beneficially	Form		Beneficial Ownership	
Derivative \							Acquired		Derivative Security (Instr. and 4)					•	Owned Following			(Instr. 4)		
Security						(A) or Disposed						su. 3		Reported	' '					
						of (D) (Instr. 3, 4				'				Transaction (Instr. 4)	(s)) [
							and 5)								(
				Ī								Ame		ount						
								or Numbe		nher										
									Date		Expiration		of							
				- 1	Code	V	(A)	(D)	Exercis	sable	Date	Title	Shar	res					1	

Explanation of Responses:

1. Each Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and corresponds to one trust interest of Compass Group Diversified Holdings LLC held by the Trust.

Remarks:

(a) Mr. Lazarus is a Director of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Mark H. Lazarus, by James 01/05/2011 J. Bottiglieri as attorney-in-fact

** 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.