Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington.	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 1005-

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(c). Se	ee Instruction	10.																	
Name and Address of Reporting Person* Locke Simon Heidi			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 Officer (give title							
(Last) (First) (Middle) 301 RIVERSIDE AVENUE SECOND FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024									below) See Remark (a)							
(Street) WESTP(Street) WESTPORT CT 06880				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
		Table	l - I	Non-Deriva	tive	Secu	rities	Ac	quir	ed, Di	sposed o	of, or	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ar) 2A. Deemed Execution Da if any (Month/Day/Y		n Date	n Date, Ti		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		nd 5) Secu Bene		rities F ficially (ed Following I		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
								-	Code	v .	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(IIIS	u. 4)	(Instr. 4)
Common	Shares ⁽¹⁾			09/11/202	4				P		19,800	A	\$20.1	553(2)	2	2,288		D	
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)	Exe if a	Deemed cution Date, ny nth/Day/Year)		eaction (Instr.	5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instr and 5	rative rities ired r osed)	Exp (Mo	piration onth/Day	Expiratio	Am Sec Und Der Sec 3 au	itle and bunt of urities lerlying vative urity (Inst id 4) Amoun or Numbo of Shares	Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Each Common Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and corresponds to one underlying trust common interest of Compass Group Diversified Holdings LLC held by the Trust.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$20.14 to \$20.16, inclusive. Full information regarding the number of shares purchased at each separate price will be provided upon request by the SEC staff, the issuer, or any security holder of the issuer.

Remarks:

(a) Ms. Locke Simon is a Director of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Heidi Locke Simon, by

Carrie W. Ryan as attorney-in- 09/12/2024

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.