## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wasi	nıngto	on, D	.C.	2054	.9

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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 Officer (give title V Other (specify								
Last) (First) (Middle) IXTY ONE WILTON ROAD ECOND FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 05/07/2009									below)  See Remarks (a)							
(Street) WESTPORT CT 06880		4. If a	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 Person							
(City) (State) (Zip)	. , , , , , , , , , , , , , , , , , , ,																		
1. Title of Security (Instr. 3) 2. Tr		ransaction e		2A. Deemed Execution Date,		3. 4 Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) o	or 5. Amount Securities Beneficial		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount		(A) or (D)		Trans		action(s) 3 and 4)					
Shares <sup>(1)</sup>		/07/2009				P		300	A <sup>(2)</sup>		\$9	.05	280,725		I	Through Pharos I LLC <sup>(3)</sup>			
o5/07/2		2009	)09		P		100	A <sup>(2)</sup> S		\$9	.08	280,825		I	Through Pharos I LLC <sup>(3)</sup>				
Shares <sup>(1)</sup> 0		7/2009				P		200	$0 \qquad \mathbf{A}^{(2)}$		\$	59.1 2		31,025	I	Through Pharos I LLC <sup>(3)</sup>			
Shares <sup>(1)</sup> 05/0		/2009				P		199		<b>A</b> <sup>(2)</sup>	\$9	0.11 281,22		31,224	I	Through Pharos I LLC <sup>(3)</sup>			
Shares <sup>(1)</sup>		05/07/2009				P		100	100 A <sup>(2)</sup>		\$9	.14	281,324		I	Through Pharos I LLC <sup>(3)</sup>			
Shares <sup>(1)</sup> 05/		//2009				P		200		<b>A</b> <sup>(2)</sup>	\$9	.15	281,524		I	Through Pharos I LLC <sup>(3)</sup>			
Shares <sup>(1)</sup>											113,515		D						
Table II -	Derivati (e.g., pu												ned						
Derivative Security  Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		Code (Instr. 3)		n of E		6. Date Exercisable ar Expiration Date (Month/Day/Year)		е	Amount of			8. Prid Deriva Secur (Instr.	ative rity	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation of Responses:	ļ	Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares								

- 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
- 2. The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Pharos I LLC on May 29, 2008.
- 3. 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.

(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

<sup>\*\*</sup> 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.