FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|----------------------|------------------|
| | | | |

| OMB APPRO | VAL |
|------------------------|-----------|
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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* <u>Ewing D Eugene</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [CODI] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|------------------------------|------|---------------|--|-------------|--|----------|---|--------|---------------------------------|----------|--|---|--|------|-----------------------|---|-----------------------|
| | (Fii ONE WILTO O FLOOR | · · | Middle) | | 3. D 01/ | | st Trans | saction (Month/Day/Year) | | | | | | Officer (give title X Other (specify below) See Remark (a) | | | | |
| (Street) WESTPO | | | 06880 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (f | | | | | | ay/Year) | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | d, Di | sposed o | f, or E | Benefic | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | ! | | action(s) 3 and 4) | | (Instr. 4) |
| Shares ⁽¹⁾ | | | | 01/02/2 | 2008 | | | | P | | 1,330 | A | \$14 | .9818 | | 8,785 | D | |
| Shares ⁽¹⁾ | | | | | | | | | | | | | | | | 2,700 | I | By SEP IRA |
| Shares ⁽¹⁾ | | | | | | | | | | | | | | | | 3,000 | I | By Rollover IRA |
| Shares ⁽¹⁾ | | | | | | | | | | | | | | | | 1,000 | I | By IRA |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| | | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | Code V | | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Number of Shares | , | | | | | | | |

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

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

/s/ D. Eugene Ewing, by James 01/03/2008 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.