FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/as	shingt	on, D	.C. 2	0549		

STATEMENT	OF	CHAN	GES

## S IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0.5									

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Faulkingham Ryan J						2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [ CODI ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title V Other (specify				wner		
(Last) (First) (Middle) 301 RIVERSIDE AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/19/2024							Officer (give title X Officer (specify below)  See Remark (a)					эрсспу	
SECONI	) FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WESTPO	ORT C	Γ 0	6880											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Z	Zip)		Ru	le 10	)b5-	1(c)	) Trai	nsad	ction Ind	icatio	n						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	on-Deriva	tive	Secui	rities	Ac	quired	d, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		,			Acquired (A) or (D) (Instr. 3, 4 and 5)		d 5)	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Trans		action(s) 3 and 4)			(111511.4)
Common Shares <sup>(1)</sup> 01/19/20				)24	!4		P		2,300	A	\$21.2	596 24,700		4,700		D			
Common Shares												1,654		,654		I	by IRA		
Common Shares															787		I	By Wife	
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)	Execu	eemed ution Date, th/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)						10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V (A)		(D)	Date Exerc	isable	Expiration Date	1 1	Amount or Number of Shares						

## 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.

## Remarks:

(a) Mr. Faulkingham is the Chief Financial Officer of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Ryan J. Faulkingham, by

Carrie W. Ryan as attorney-in- 01/19/2024

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.