FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

1. Name and Address of Reporting Person*  SABO ELIAS					2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [ CODI ]								5. Relationship of Reporting Person(s) to Is (Check all applicable)  Director 10% O  Officer (give title			wner		
	(First) (Middle) ONE WILTON ROAD ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 08/03/2010								Officer (give title X Other (specify below)  See Remarks (a)					
(Street) WESTPO			06880 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/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	le I - I	Non-Deriv	ative	Sec	uritie	s A	cquir	ed, D	isposed o	of, or E	Benefic	ially (	Owne	ed		
		2. Transaction Date (Month/Day/		Execution I		on Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Secui Benef Owne		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Shares <sup>(1)</sup>			08/03/20	)10	10					165.5	<b>A</b> <sup>(2)</sup>	\$15.09	937 <sup>(3)</sup>	71,236.62		I	Through Pharos I LLC <sup>(4)</sup>	
Shares <sup>(1)</sup>		08/04/20	08/04/2010				P		166.25	A <sup>(2)</sup>	\$15.02	15.0257 <sup>(5)</sup>		,402.87	I	Through Pharos I LLC <sup>(4)</sup>		
Shares <sup>(1)</sup>													1	60,000	D			
		Та	able II								posed of, convertil				vned			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **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.
- 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. The purchase price reported in this Form 4 was between the range of \$15.00 per share to \$15.15 per share. 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.
- 4. Amounts with respect to Mr. Sabo reflect his beneficial ownership of Shares through his pecuniary interest in Pharos I LLC.
- 5. The purchase price reported in this Form 4 was between the range of \$14.98 per share to \$15.11 per share. 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.

(a) Mr. Sabo is an Assistant Secretary of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Elias J. Sabo, by James J. Bottiglieri as attorney-in-fact

08/05/2010

\*\* 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.