FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Inoterration 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Instruction 1(b). or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* DAY C SEAN					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 Volter (specify							
(Last) (First) (Middle) SIXTY ONE WILTON ROAD SECOND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 01/31/2013								below) See Remarks (a)							
(Street) WESTPO			06880 Zip)		4. If	Ame	endment	, Date o	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						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Dat			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)			and Securities Beneficially Owned Following		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Shares ⁽¹⁾			01/31/2013		.3		J ⁽²⁾		35,903	D	\$0).00 154,17		,177 I		I	By Grantor Retained Annuity Trust ⁽³⁾			
Shares ⁽¹⁾			01/31/2013				J ⁽²⁾		35,903	A	\$0	0.00 185,990		,990	D					
Shares ⁽¹⁾														32,000		I		By Irrevocable Trust ⁽⁴⁾		
Shares ⁽¹⁾														203,615			I	By Grantor Retained Annuity Trust ⁽⁵⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			4. Transaction Code (Instr. B)				6. Date Exercis. Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	V (A) (D)		Date Expiration Exercisable Date		Expiration Date	Title	Amount or Number of Shares	er							

- 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 securities were transferred by the Reporting Person from Christopher Sean Day 2009 GRAT #4 to C. Sean Day, individually.
- 3. Shares beneficially owned by the Reporting Person through the Christopher Sean Day 2009 GRAT #4.
- 4. Shares beneficially owned by the Reporting Person through the Day Family 2007 Irrevocable Trust.
- $5.\ Shares\ beneficially\ owned\ by\ the\ Reporting\ Person\ through\ the\ Christopher\ Sean\ Day\ 2010\ GRAT\ \#7.$

Remarks:

(a) Mr. Day is Chairman of the Board of Directors of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Sean Day, by James J. Bottiglieri as attorney-in-fact

02/04/2013

** 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.