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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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL OMB Number: 3235-0287 Fatimated average burden

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1. Name and Address of Reporting Person [*] <u>DAY C SEAN</u>			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
(Last) (First) (Middle) SIXTY ONE WILTON ROAD SECOND FLOOR		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2014	Officer (give title X Other (specify below) See Remarks (a)
(Street) WESTPORT (City)	CT (State)	06880 (Zip)	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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Shares ⁽¹⁾	02/06/2014		J ⁽²⁾		29,640	D	\$0.00	124,537	Ι	By Grantor Retained Annuity Trust ⁽³⁾
Shares ⁽¹⁾	02/06/2014		J ⁽²⁾		29,640	Α	\$0.00	295,986	D	
Shares ⁽¹⁾	02/07/2014		J ⁽⁴⁾		86,877	D	\$0.00	37,660	Ι	By Grantor Retained Annuity Trust ⁽³⁾
Shares ⁽¹⁾	02/07/2014		J ⁽⁴⁾		86,877	A	\$0.00	246,105	I	By Irrevocable Trust ⁽⁵⁾

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount 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 Trust.

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. The securities were transferred by the Reporting Person from Christopher Sean Day 2009 GRAT #4 to the Day Family 2007 Irrevocable Trust.

5. Shares beneficially owned by the Reporting Person through the Day Family 2007 Irrevocable Trust.

Remarks:

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

<u>/s/ Sean Day, by Carrie W.</u> <u>Ryan and Ryan J. Faulkingham</u> 02/10/2014 <u>as attorneys-in-fact</u>

** 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.