obligations may Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	STATEMEN
Section 16. Form 4 or Form 5	
obligations may continue. See	

IT 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 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]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) SIXTY ONE WILTON ROAD SECOND FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2011															
(Street) WESTPO	ORT CT		0688	0	4.	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					
(City)	(St		(Zip)	Non-Deriv	/ativ	o Soc	uriti		cani	ired	Dien	nead	of or	Renefi	cially	, Own					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	ion 2A Ex		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
					Ī	Code	v	Amou	nt	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Shares ⁽¹⁾ 12/0			12/01/201	.1	1			P		10,0	000	A	\$12.55	94 ⁽²⁾	32,000			I	By Irrevocable Trust ⁽³⁾		
Shares ⁽¹⁾																45	,393		D		
Shares ⁽¹⁾																190),080		т	By Grantor Retained Annuity Trust ⁽⁴⁾	
Shares ⁽¹⁾															300,000		I		By Grantor Retained Annuity Trust ⁽⁵⁾		
		Ta	able	II - Derivat (e.g., p												Owned					
1. Title of Derivative Conversion Date Courty or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any					Fransaction of Code (Instr. Derivativ			Ex (Mo	piratio	eercisable and n Date ay/Year)		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)		
					Code V (A) (D) Exercisable Expiration of Number of Shares																

- 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 price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$12.5543 to \$12.5644, inclusive. 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.
- 3. Shares beneficially owned by the Reporting Person through the Day Family 2007 Irrevocable Trust.
- 4. Shares beneficially owned by the Reporting Person through the Christopher Sean Day 2009 GRAT #4.
- 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

12/05/2011

** Signature of Reporting Person

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.