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

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) 12/31/2012										See Remarks (a)					
(Street) WESTPO					4. 1	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						
(City)	(St		(Zip)																		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					n :	2A. Deemed Execution Date,			<u> </u>	action	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Ť	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)	
								c	ode	v	Amount		(A) or (D)	Price	_	Transaction(s) (Instr. 3 and 4)				,,	
Shares ⁽¹⁾				12/31/201	12			\perp	P		5,22	7	A	\$14.733	34 ⁽²⁾	150),087		D		
Shares ⁽¹⁾																32,	,000		I	By Irrevocable Trust ⁽³⁾	
Shares ⁽¹⁾															190,080			т	By Grantor Retained Annuity Trust ⁽⁴⁾		
Shares ⁽¹⁾															203,615			I	By Grantor Retained Annuity Trust ⁽⁵⁾		
		Т	able	II - Derivat (e.g., p										eneficia ecurities		wned					
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, if any				ransaction of Code (Instr. Derivat			Exp	piration	ercisable and i Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 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)	Dat Exe	te ercisab		ration	Title	Amount or 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 \$14.45 to \$14.84, 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

01/03/2013

** 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.