FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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** 3235-0287 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 ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X below)					
	(Fir ERSIDE A' D FLOOR	/liddle)	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022										below) A below) See Remark (a)						
(Street) WESTPORT CT 068 (City) (State) (Zip			6880 (ip)	4. If Am	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					
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/Yea		ate,	3. Transaction Code (Instr 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amo	unt	(A) or (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)						
Common	Shares <sup>(1)</sup>	01/03/2022				P		3,	867	A \$3		0.9575 <sup>(2)</sup>	468,	468,517		D			
Common	Shares <sup>(1)</sup>												156,563		I		By Irrevocable Trust <sup>(3)</sup>		
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. Transacti Code (Ins 8)	tion str.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			Amount Securiti Underly Derivati		nt of ties lying tive ty (Instr.	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip of Bo D) Or ect (Ir	Beneficial Ownership (Instr. 4)
				Code V	,	(A)		Date Exercis	able	Expirati Date			Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Each Common Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and corresponds to one underlying trust common interest of Compass Group Diversified Holdings LLC (the "Company") held by the Trust.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$30.7833 to \$31.27, 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.

(a) Mr. Day is Chairman of the Board of Directors of the Company, Sponsor of the Trust.

/s/ Sean Day, by Carrie W. Ryan and Ryan J. Faulkingham as attorneys-in-

01/05/2022

fact

\*\* 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.