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

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

Name and Address of Reporting Person* SABO ELIAS					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 Other (specify					
(Last) (First) (Middle) 301 RIVERSIDE AVENUE, SECOND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 08/05/2020									below) See Remarks (a)						
(Street) WESTPORT CT 06880 (City) (State) (Zip)				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/Year)			Code (In		4. Securities Acquii Disposed Of (D) (In					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amou	nt	(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)						
Common Shares ⁽¹⁾			08/05/2020				P		21,6	668	A	\$16.5754 ⁽²⁾		229,601		I		By Compass Group Management LLC ⁽³⁾	
Common Shares ⁽¹⁾													585,549		D				
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)	Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 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)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date		Title	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 \$16.5497 to \$16.5791, 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 held by Compass Group Management LLC ("CGM"), as to which Reporting Person is the managing and controlling member of CGM. Reporting Person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest.

Remarks:

(a) Mr. Sabo is a Director and the Chief Executive Officer for Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Elias J. Sabo, by Carrie W. Rvan and Rvan J.

Faulkingham as attorneys-in-

08/06/2020

** 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.