# 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 ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title V Other (specify						
(Last) (First) (Middle) SIXTY ONE WILTON ROAD SECOND FLOOR					09/	3. Date of Earliest Transaction (Month/Day/Year) 09/22/2008									See Remark (a)						
(Street) WESTPORT CT 06880					4. 11	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)																		
1 Title of S	Cocurity (Inct		e I - N	on-Deriv		_	uritie Deeme		quired	d, Di	sposed of				y Owne		6 Ow	nership	7. Nature of		
1. Title of Security (Instr. 3)			Date (Month/Day/Year)		Execution Date, ear) if any			Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)			and	Securitie Beneficia Owned F	es ally Following	Form:	Direct Indirect str. 4)	Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	Pric	ce Reported Transact (Instr. 3 a		tion(s)			(Instr. 4)		
Shares <sup>(1)</sup>				09/22/2008				J <sup>(2)</sup>		238,758	D	\$0	0.00	213,166		I		By Grantor Retained Annuity Trust <sup>(3)</sup>			
Shares <sup>(1)</sup>			09/22/2008				J <sup>(2)</sup>		238,758	A	\$0	.00 300,753		D							
Shares <sup>(1)</sup>															7,000		I		By Irrevocable Trust <sup>(4)</sup>		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				Transa Code (	ransaction of ode (Instr. ) Der Sec (A) Dis of (i		osed ) r. 3, 4	6. Date Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er							

### **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
- 2. On September 22, 2008, in accordance with the terms of the Christopher Sean Day 2007 Grantor Retained Annuity Trust No. 1, 238,758 shares were distributed to Mr. Day. This transaction does not affect the aggregate amount of Mr. Day's holdings of CODI shares.
- 3. Shares beneficially owned by the Reporting Person through the Christopher Sean Day 2007 Grantor Retained Annuity Trust No. 1.
- $4. \ Shares beneficially owned by the Reporting Person through the Day Family 2007 Irrevocable \ Trust.$

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

/s/ Sean Day, by James J. Bottiglieri as attorney-in-fact \*\* Signature of Reporting Person

09/23/2008

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.