SEC Form 3

FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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*<br>BURNS GORDON M |                |       | 2. Date of Event<br>Requiring Statement<br>(Month/Day/Year)<br>05/23/2008 | 3. Issuer Name <b>and</b> Ticker or Tra<br>Compass Diversified H                                 |  | []  |
|--|----------------|-------|---|--|--|---|
| (Last) (First) (Middle)<br>SIXTY ONE WILTON ROAD           |                |       |   | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner |  | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |
| SECOND FLOOR   |                |       |   | Officer (give title kelow)   | below)   | 6. Individual or Joint/Group Filing (Check Applicable Line) |
| (Street)   |                |       |   | See Remark   | : (a)  | X Form filed by One Reporting Person                        |
| WESTPORT   | CT             | 06880 |   |  |  | Form filed by More than One Reporting Person                |
| (City)   | (State)        | (Zip) |   |  |  |   |
| Table I - Non-Derivative Securities Beneficially Owned     |                |       |   |  |  |   |
|  |                |       | Table I - Non-Deriv   | ative Securities Beneficia   | lly Owned  |   |
| 1. Title of Securi   | ity (Instr. 4) |       | Table I - Non-Deriv   | ative Securities Beneficia<br>2. Amount of Securities<br>Beneficially Owned (Instr. 4)           | Ily Owned<br>3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5)    |
| 1. Title of Securi<br>Shares <sup>(1)</sup>                | ity (Instr. 4) |       | Table I - Non-Deriv   | 2. Amount of Securities  | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)                            |   |
|  | ity (Instr. 4) |       | Table I - Non-Deriv   | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)   | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)                            | (Instr. 5)  |
| Shares <sup>(1)</sup>                                      | ity (Instr. 4) |       | Table I - Non-Deriv   | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)<br>980                                  | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)                            | (Instr. 5)<br>By IRA  |
| Shares <sup>(1)</sup><br>Shares <sup>(1)</sup>             | ity (Instr. 4) |       | Table I - Non-Deriv   | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)<br>980<br>55,850                        | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)                            | (Instr. 5)<br>By IRA<br>By IRA                              |

#### 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 6. Nature of Indirect Beneficial Ownership Λ Ownership Conversion Form: Direct (D) (Month/Day/Year) or Exercise (Instr. 5) Price of Amount Derivative or Indirect or Security (I) (Instr. 5) Number Date Expiration of Exercisable Date Title Shares

Explanation of Responses:

1. (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 Trust.

### **Remarks:**

(a) Mr. Burns is a Director of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

# /s/ Gordon Burns

\*\* 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 5 (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.

SSION

Date

06/02/2008