## FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Name and Address of Reporting Person*     Offenberg Alan B												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		)		3. Date of Earliest Transaction (Month/Day/Year) 11/02/2009									below)		X below			
(Street) WESTPO (City)	TPORT CT 06880  (State) (Zip)				_ 4. I	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				
1. Title of Security (Instr. 3) 2. Trans			2. Transaction	on	2A. Deemed Execution Date,		3. Transaction Code (Instr.		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		l (A) or		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Shares <sup>(1)</sup>			11/02/20	)09				P		228.96	A <sup>(2)</sup>	\$10	).48	68,856.88		I	Through Pharos I LLC <sup>(3)</sup>	
Shares <sup>(1)</sup>		11/03/20	11/03/2009				P		234.96	A <sup>(2)</sup>	\$10.2	510.2079 <sup>(4)</sup>		),091.84	I	Through Pharos I LLC <sup>(3)</sup>		
Shares <sup>(1)</sup>		11/04/2009				P		219.6	A <sup>(2)</sup>	\$10	\$10.92		),311.44	I	Through Pharos I LLC <sup>(3)</sup>			
Shares <sup>(1)</sup>															13,750	D		
		Ta	able I								posed of, convertil				vned			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed Ition Date, h/Day/Year)	4. Transa Code 8)	(Instr.	5. Null of Deriving Security Acquired (A) or Disposof (D) (Instruand 5	ative rities ired osed	Expii (Mon	ration	Expiration	7. Title Amour Securit Underl Derivat Securit and 4)	nt of ties ying	Deri Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **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. The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Pharos I LLC on May 29, 2008.
- 3. Amounts with respect to Mr. Offenberg reflect his beneficial ownership of Shares through his pecuniary interest in Pharos I LLC.
- 4. The purchase price reported in this Form 4 was between the range of \$10.19 per share to \$10.21 per share. 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.

(a) Mr. Offenberg is an Assistant Secretary of Compass Group Diversified Holdings LLC, Sponsor of the Trust.

/s/ Alan B. Offenberg, by

James J. Bottiglieri as attorney- 11/04/2009 in-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.