## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Instruction 1(b) 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 <b>and</b> 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 Vother (specify					
(Last) (First) (Middle) SIXTY ONE WILTON ROAD SECOND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/19/2012										below)  See Remarks (a)					
(Street)	eet) ESTPORT CT 06880				4. If A	Line									Individual or Joint/Group Filing (Check Applicable ne)  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. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4, 5)			or and	nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code			v	Amount	(A) c	r Pri	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Shares <sup>(1)</sup>	06/19/2012				J <sup>(2)</sup>		96,385	D	\$	0.00	203,615		I		By Grantor Retained Annuity Trust <sup>(3)</sup>					
Shares <sup>(1)</sup> 0				06/19/2	06/19/2012				J <sup>(2)</sup>		96,385	A \$0.00		0.00	144,860		D			
Shares <sup>(1)</sup>															32,	,000			By Irrevocable Trust <sup>(4)</sup>	
Shares <sup>(1)</sup>															190,080		I		By Grantor Retained Annuity Trust <sup>(5)</sup>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
L. Title of Derivative Conversion or Exercise Price of Derivative Security  Instr. 3)    A. Deems			n Date, Transac Code (Ir				6. Date Expirati (Month)	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		r. 3	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Or Numb of Share							

### 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
- $2. \ The securities were transferred by the Reporting Person from Christopher Sean Day 2010 GRAT \ \#7 to C. Sean Day, individually.$
- 3. Shares beneficially owned by the Reporting Person through the Christopher Sean Day 2010 GRAT #7.
- 4. Shares beneficially owned by the Reporting Person through the Day Family 2007 Irrevocable Trust.
- 5. Shares beneficially owned by the Reporting Person through the Christopher Sean Day 2009 GRAT #4.

# Remarks:

(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

06/20/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.