FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| ton, D.C. 20549 | OMB APP |
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| | Check this box if no longer subject to |
|--|--|
| | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(b). |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan

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

| С | OMB APPROVAL | | | | | | | | |
|--------|--------------------------|--|--|--|--|--|--|--|--|
| ОМВ І | OMB Number: 3235-0287 | | | | | | | | |
| Estima | Estimated average burden | | | | | | | | |
| hours | hours per response: | | | | | | | | |

| for the securit intende defens | purchase or sa les of the issue ed to satisfy the e conditions of ee Instruction 1 | le of equity r that is affirmative Rule 10b5- | | | | | | | | | | | | | | | |
|--|--|--|---------|---|---|--|--|---|--------|---|--|--|--|--|--|-------------------------|--|
| 1. Name and Address of Reporting Person* MACIARIELLO PATRICK A | | | | | 2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [CODI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title | | | | vner | |
| (Last) (First) (Middle) 301 RIVERSIDE AVENUE SECOND FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2024 | | | | | | | below) See Remark (a) | | | | | |
| (Street) WESTPO | ORT CT | . 0 | 6880 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | | |
| (City) | (Sta | , , | Zip) | | | | | | Die | | | 6" | | 1 | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Fransaction | tion 2A. Deemed Execution Date, | | 3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | d (A) or | or 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect | | 7. Nature of Indirect Beneficial | | |
| | | | | | | | 8) Code | v | Amount | (A) or (D) | Price | Reporte Transa | | | | Ownership (Instr. 4) | |
| Common Shares ⁽¹⁾ 09/20 | | | 9/20/20 | 2024 | | P | | 5,000 | A \$2 | | .87 228,5 | 7 228,518.2335 | | 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 Execution Date, Security or Exercise (Month/Day/Year) if any | | Date, | 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) | | | |

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 held by the Trust.

Exercisable

Date

(D)

(A)

Remarks:

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

/s/ Patrick A. Maciariello, by Carrie W. Ryan as attorney-in- 09/23/2024 fact

** Signature of Reporting Person Date

Number

Shares

Title

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).

Code

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.