## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<b>TATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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*  BURNS GORDON M					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) 05/18/2011							below)  See Remark (a)				
(Street) WESTPO			0688(	)	4. 1	f Amen	dment, Dat	e 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)	(3)		(Zip) <b>le I -</b>	Non-Deriv	ative	e Seci	urities A	cauir	ed. [	Disposed (	of. or	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date			2. Transaction	on 2A. Deemed Execution Date,		3. 4. Securities Ad				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(msu. 4)	
Shares <sup>(1)</sup>				05/18/201	1			P		850	A	\$15.36	<b>54</b> <sup>(2)</sup>	5	,219	D	
Shares <sup>(1)</sup>														49	9,280	I	By IRA
Shares <sup>(1)</sup>														10	0,987	I	By Trust Account <sup>(3)</sup>
Shares <sup>(1)</sup>														10	0,824	I	By Trust Account <sup>(4)</sup>
Shares <sup>(1)</sup>														7(	0,000	I	By Revocable Trust <sup>(5)</sup>
Shares <sup>(1)</sup>														6	,195	I	By Trust Account <sup>(6)</sup>
		T	able	II - Derivati (e.g., pu						posed of, , convertil				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	eution Date, y y hth/Day/Year) _		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expi (Mor	ration nth/Day	y/Year)  Expiration	Derive Secur and 4	int of rities rlying ative rity (Instr. 3	Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

- 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 price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$15.36 to \$15.37, inclusive. 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.
- 3. Shares beneficially owned by the Reporting Person through the Talley Burns Executor Trust.
- 4. Shares beneficially owned by the Reporting Person through the Peter Burns Executor Trust.
- 5. Shares beneficially owned by the Reporting Person through the Gordon M. Burns 2009 Revocable Trust.
- ${\bf 6.\ Shares\ beneficially\ owned\ by\ the\ Reporting\ Person\ through\ the\ Burns\ Family\ Trust.}$

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

/s/ Gordon M. Burns, by James 05/20/2011 J. Bottiglieri as attorney-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.