FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	hours per response:	0.5								

							()												
1. Name and Address of Reporting Person* SABO ELIAS						2. Issuer Name and Ticker or Trading Symbol Compass Diversified Holdings [CODI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															Director		10% C		
-					-										Officer (give title pelow)	;	X Other below)	(specify	
(Last)	(Fi		3. Date of Earliest Transaction (Month/Day/Year)									,	om a	ırks (a)	,				
SIXTY ONE WILTON ROAD						12/14/2015									See IX	cilia	1K5 (a)		
SECOND FLOOR																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)						i,								Line)					
WESTPORT CT 06880														X Form filed by One Reporting Person					
WESTFORT CI 00000												Form filed by More than One Reporting							
														Person					
(City)	(St	tate) (Zip)																
		Tabl	e I - I	Non-Deriv	ative	Sec	uritie	s A	cquire	ed, D	isposed o	f, or E	Benefici	ally O	wned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution		ion Date,				Acquired (A) or (D) (Instr. 3, 4 and		5) S B O	. Amount of ecurities eneficially wned Following eported	Fo (D	. Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	т	ransaction(s) nstr. 3 and 4)			(instr. 4)	
Shares ⁽¹⁾ 12/14/201						15		P		20,000	A	\$15.18	62 ⁽²⁾	405,549		D			
		Та	ble I								posed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivat Securit (Instr. 5	ve derivative Securities	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date		Expiration		Amount or Number of						

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 Trust.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$15.10 to \$15.29, 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

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

/s/ Elias J. Sabo, by Carrie W. Ryan and Ryan J. Faulkingham 12/15/2015 as attorneys-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.