Ewing D Eugene Form 4 February 05, 2009

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: Estimated average burden hours per response...

obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Compass Diversified Holdings

3. Date of Earliest Transaction

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person * Ewing D Eugene

(First) (Middle)

SIXTY ONE WILTON

ROAD, SECOND FLOOR

(Street) 4. If Amendment, Date Original

Symbol

[CODI]

Filed(Month/Day/Year)

(Month/Day/Year)

02/03/2009

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

(Check all applicable)

Director 10% Owner Officer (give title __X_ Other (specify below) below)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

See Remark (a)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

WESTPORT, CT 06

(City)	(State)	(Zip) Tal	ble I - Non-	-Derivativ	e Secu	ırities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)		` ′	5. Amount of Securities Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)		
Shares (1)	02/03/2009		P	100	A (2)	\$ 10.4	20,275	D	
Shares (1)	02/03/2009		P	35	A (2)	\$ 10.43	20,310	D	
Shares (1)	02/03/2009		P	1	A (2)	\$ 10.44	20,311	D	
Shares (1)	02/03/2009		P	100	A (2)	\$ 11.22	20,411	D	
Shares							2,000	I	By Spouse

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

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 control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ite	Amount of	Derivative		
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of			Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ewing D Eugene SIXTY ONE WILTON ROAD SECOND FLOOR WESTPORT, CT 06880

See Remark (a)

Signatures

/s/ D. Eugene Ewing, by James J. Bottiglieri as attorney-in-fact

02/05/2009

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (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 purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 purchase plan adopted by Mr. Ewing on November 13, 2008.

Remarks:

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

Reporting Owners 2

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.