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MASSOUD	I JOSEPH										
Form 4											
December 3	31, 2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									N.T.	OMB APPROVAL	
Washington, D.C. 20549								N OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5	nger STATEN to STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 average urs per 0.5	
Form 5 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											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> MASSOUD I JOSEPH			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Compass Diversified Holdings [CODI]					(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Officer (give titleX Other (specify below) below)			
SIXTY ON ROAD, SE							ee Remarks (a)				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
WESTPORT, CT 06880 — Form filed by More than One Reporting Person								Reporting			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	rities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Shares (1)	12/29/2008			Р	5,000	А	\$ 9.75	112,760	D		
Shares								273,482	I	Through Pharos I LLC (2)	
D 1 1 D		c 1 1	c		C · 11						

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

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MASSOUD I JOSEPH SIXTY ONE WILTON ROAD SECOND FLOOR WESTPORT, CT 06880				See Remarks (
Signatures							
	I.D. H.	• •					

/s/ I. Joseph Massoud, by James J. Bottiglieri as 12/31/2008 attorney-in-fact **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).
- Each Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and corresponds to one (1)trust interest of Compass Group Diversified Holdings LLC held by the Trust.
- Amounts with respect to Mr. Massoud reflect his beneficial ownership of Shares through his interest in, and control as Managing (2)Member of, Pharos I LLC.

Remarks:

(a) Mr. Massoud is a Director and the Chief Executive Officer for Compass Group Diversified Holdings LLC, Sponsor of the

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.

(a)