### Edgar Filing: Compass Diversified Holdings - Form 4

Compass D Form 4 April 27, 2	Diversified Holdir	ngs										
FOR										PPROVAL		
	UNITEI	) STATES		U <mark>RITIE</mark> S /ashingto				COMMISSION	OMB Number:	3235-0287		
Check if no lo	this box				Expires:	January 31, 2005						
subject Sectior Form 4	to SIAIE 116. or	MENT O	F CHA	NGES I SECU	NERSHIP OF	Estimated a burden hou response	average Irs per					
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	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Edwards Harold S				uer Name <b>a</b> ol				5. Relationship of Reporting Person(s) to Issuer				
		Comp [COD	oass Dive DI]	rsified H	oldin	gs	(Check all applicable)					
(Last)	(First)		e of Earlies		on		Director 10% Owner Officer (give titleX Other (specify					
SIXTY OI ROAD, SI	(Month/Day/Year) 04/23/2009					below) below) See Remarks (a)						
(Street) 4. I				mendment,	Date Orig	inal		6. Individual or Joint/Group Filing(Check				
WESTPO	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Ta	able I - No	n-Derivati	ve Sec	urities Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Shares $(1)$	04/23/2009			Р	2,400	А	\$ 8.3991	21,825	D			
Shares (1)	Shares $(1)$ 04/23/2009			P 1,000 A \$ 22,825		22,825	D					
Shares (1) 04/23/2009				Р	1,000	А	\$ 8.247	23,825	D			
Shares (1)	04/23/2009			Р	900	А	\$ 8.3143	24,725	D			
Shares (1)	04/23/2009			Р	400	А	\$ 8.3489	25,125	D			

	-	-				-			
Shares (1) 04/23/2009			Р	100	А	\$ 8.2	25,225	D	

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.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	((	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
	Director	10% Owner	Officer	Other					
Edwards Harold S SIXTY ONE WILTON ROAD SECOND FLOOR WESTPORT, CT 06880				See Remarks (a)					
Signatures									
/s/ Harold S. Edwards, by James attorney-in-fact	s J. Bottig	lieri as		04/27/2009					

\*\*Signature of Reporting Person

### **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.

Date

#### **Remarks:**

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

#### **Reporting Owners**

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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.