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SABO ELIAS

SABO ELIA Form 4	AS										
May 16, 201	18										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
Washington, D.C. 20549							NGE CO	DMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o	ger STATH 16.									Estimated average burden hours 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	Responses)										
SABO ELIAS Sy				2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
	Compass Diversified Holdings [CODI]					(Check all applicable)					
(Mo				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give titleX Other (specify below) below)			
301 RIVERSIDE05/1:AVENUE, SECOND FLOOR				5/15/2018				See Remarks (a)			
				onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WESTPOR	T, CT 06880						ī	Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)		e I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	-	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				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)	
Common Shares (1)	05/15/2018			Code V P	Amount 25,000		Price \$ 15.675 (2)	510,549	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)

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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Reporting Owners

	Rela	5					
Director	10% Owner	Officer	Other				
			See Remarks (a)				
/s/ Elias J. Sabo, by Carrie W. Ryan and Ryan J. Faulkingham as attorneys-in-fact							
<u>**</u> Signature of Reporting Person							
	Ryan and	Director 10% Owner Ryan and Ryan J. Fau	Director 10% Owner Officer Ryan and Ryan J. Faulkinghar	See Remarks (a) Ryan and Ryan J. Faulkingham as			

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 Common Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and (1) corresponds to one trust common interest of Compass Group Diversified Holdings LLC held by the Trust.
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from (2) \$15.575 to \$15.75, 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.

Remarks:

Mr. Sabo is a Director and the Chief Executive Officer for Compass Group Diversified Holdings LLC, Sponsor of the Trust.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti