

COMPASS DIVERSIFIED HOLDINGS

Reported by **EWING D EUGENE**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/23/17 for the Period Ending 03/21/17

Address 301 RIVERSIDE AVENUE

WESTPORT, CT 06880

Telephone 203-221-1703

CIK 0001345126

Symbol CODI

SIC Code 2510 - Household Furniture

Industry Investment Trusts

Sector Financials

Fiscal Year 12/31





[] 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 Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Ewing D Eu	gene				Co	mp	ass D	iversifi	ed I	Holdi	ngs [C	ODI	[]					
(Last) (First) (Middle)					3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner					
301 RIVERSIDE AVENUE, SECOND FLOOR						3/21/2017								Officer (give title below) X Other (specify below) See Remark (a)				
FLOOK	(Str	eet)			4. I	f An	nendme	ent, Date	Origi	nal File	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
WESTPORT, CT 06880 (City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table l	I - Nor	1-Der	ivat	ive Sec	urities A	cquii	red, Di	sposed o	f, or	Ben	neficially Owne	ed			
1. Title of Security (Instr. 3)			2. Trans.		2A. Deemed Execution Date, if any		3. Trans. C (Instr. 8)	ode	4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)			F	5. Amount of Securit Following Reported (Instr. 3 and 4)	ities Beneficially Owned Transaction(s)		Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amoun	(A) or (D)	Pric	e					(Instr. 4)
Common Shares (1) 3/21/201				017			P		3104	A	\$16.4	5	7104		I	By Spouse		
Common Shares (1) 3/23/20)17			G (2)	V	7896	D	\$0.00)	41000		D			
Common Shares (1) 3/23/201				017			G (2)	\mathbf{v}	7896	A	\$0.00	0	15000			I	By Spouse	
	Tab	ole II - Dei	rivative	Securi	ities I	Bene	ficially	Owned	(e.g.	, puts,	calls, wa	arraı	nts,	options, conve	rtible sec	urities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a	n (In	nstr. 8)		Derivativ Acquired Disposed	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			ities ative	Underlying	nderlying Derivative ecurity Security		10. Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	Code V		(D)	Date Exe	e ercisable	Expiration Date	Title	Amo	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (Each Common Share represents one undivided beneficial interest in Compass Diversified Holdings (the "Trust") property and corresponds to one trust
- 1) common interest of Compass Group Diversified Holdings LLC held by the Trust.
- Bona fide gift by Reporting Person to spouse.

Remarks:

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

Reporting Owners

Paparting Owner Name / Address	g.	Relationships							
Reporting Owner Name / Addres	Director	10% Owner	Officer	Other					
Ewing D Eugene									
301 RIVERSIDE AVENUE				See Remark (a)					
SECOND FLOOR				See Kemark (a)					
WESTPORT, CT 06880									

Signatures

/s/ D. Eugene Ewing, by Carrie W. Ryan and Ryan J. Faulkingham as attorneys-in-fact

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 control number.