Edgar Filing: Compass Diversified Trust - Form 4

Form 4	iversified Trust											
May 08, 20									OMB A	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or								Estimated burden ho	Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the	Public U		ding Co	npan	y Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type	Responses)											
BOTTIGLIERI JAMES Symb				. Issuer Name and Ticker or Trading mbol ompass Diversified Trust [CODI]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Dat (Mont				ate of Earliest Transaction hth/Day/Year) 08/2007				(Check all applicable) <u>Director</u> 10% Owner Officer (give title X_ Other (specify below) See Remark (a)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
WESTPOF	RT, CT 06880							Form filed by Person	More than One F	Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed	(A) o of (D)	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)	05/08/2007			Р	6,000	А	\$ 16	12,667	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)

Der Sec	Title of ivative urity str. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securitie Acquirec (A) or Disposec of (D) (Instr. 3,	(Month/Day/Year) ve ss 1		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)		Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	ress	Relationships							
	Director	10% Owner	Officer	Other					
BOTTIGLIERI JAMES SIXTY ONE WILTON RO SECOND FLOOR WESTPORT, CT 06880	AD			See Remark (a)					
Signatures									
/s/ James J. Bottiglieri	05/08/2007								
<u>**</u> Signature of	Date								

<u>**</u>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 the Trust property and corresponds to one trust interest of Compass Group Diversified Holdings LLC held by the Trust.

Remarks:

(a) Mr. Bottiglieri is a Regular Trustee of the Trust and a Director and the Chief Financial Officer of Compass Group Diversif

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.