## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGI</b>	ES IN BENEFI	CIAL OW	<b>NERSHIP</b>

OMB APPROVAL						
OMB Number: 3235-02						
Estimated average burden						
hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0	r Section	30(h) c	of the	Investme	nt C	ompany Act	of 1940	)					
1. Name and Address of Reporting Person* <u>Argonaut Private Equity, L.L.C.</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>USA Compression Partners, LP</u> [ USAC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title below)  Director Director Other (specify below)					
(Last) (First) (Middle) 7030 S. YALE AVE. SUITE 810					3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015													
(Street) TULSA OK 7413				6		4. If Amendment, Date of Original Filed (Month/Day/Year) 05/26/2015								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person				
(City)	(St		Zip)	Non Doris	(ativ	vo Soo	uritios	. ^ ^	auirod		icnocod (	of or	Popofici	ally Own				
1. Title of Security (Instr. 3)		<b>C</b> 1-	2. Transaction Date (Month/Day/Y	n	2A. Deemed Execution Date,		3. Tr Co 8)			5) (4) or		(A) or	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 Units		05/21/201	15			$\dagger$	P		34,921	A	\$22.121	7,256,146.876 <sup>(1)(2)(3)</sup>			D			
		Та	ble	II - Derivat (e.g., p							osed of, convertil					_		
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if a		Exe			nsaction de (Instr. Securitie Acquired (A) or Disposet of (D) (Instr. 3, and 5)		tive ties ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)  8. Price of derivative Securities Seneficial Owned Following Reported Transactio (Instr. 4)		Ownersh Form: y Direct (D or Indirec (I) (Instr.		Beneficial Ownership (Instr. 4)	
					Code	e V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
1. Name and Address of Reporting Person*																		

	<u>'</u>							
1. Name and Address of Reporting Person* <u>Argonaut Private Equity, L.L.C.</u>								
(Last)	(First)	(Middle)						
7030 S. YALE AVE.								
SUITE 810								
(Street)								
TULSA	OK	74136						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  KAISER GEORGE B								
(Last)	nst) (First)							
C/O FREDERIC DORWART, LAWYERS								
124 EAST FOURTH STREET								
(Street)								
TULSA	OK	74103						
(City)	(State)	(Zip)						

## Explanation of Responses:

- 1. These securities are owned solely by Argonaut Private Equity, L.L.C. ("Argonaut").
- 2. Includes 605,459.876 common units acquired under the USA Compression Partners, LP Distribution Reinvestment Plan.
- 3. George B. Kaiser solely owns 7,425 Common Units. As the sole member of Argonaut, Mr. Kaiser is in indirect possession of sole voting and investment power of the Common Units held by Argonaut and may also be deemed to beneficially own the 7,256,146.876 Common Units held by Argonaut.

George B. Kaiser

03/23/2017

\*\* Signature of Reporting Person

Date

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 Number.