FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     MANIAS WILLIAM G						2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]									heck	all applic Directo	able)	g Pers	son(s) to Iss 10% Ov Other (s	vner		
	A COMPRE	irst) ESSION PARTN VENUE, SUITE				3. Date of Earliest Transaction (Month/Day/Year) 03/09/2020									X Officer (give title below)  See Remarks							
(Street) AUSTIN (City)			78701 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X						
		Tab	le I - Noi	n-Deriv	ativ	e Se	curit	ies Ac	qu	ired,	Dis					lly (	Owned					
Date				· · ·		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr.		4. Securit Disposed 5)	ties Ad I Of (D	I (A) or . 3, 4 an	1 and Securiti Benefic Owned		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Ī	Code	v	Amount		(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Units			03/09	9/2020					M		14,620	6	A	(1)(2	2)	217,357			D			
Common Units			03/09	9/2020					M		13,830	0	Α	(1)(2	2)	231	1,187		D			
Common Units 03/				03/09	)/2020					D		7,313	D \$1		\$15.	12	2 223,874		D			
Common Units 03/09				9/2020					D		6,915	5 D \$1		\$ <del>15</del> .	12 216		6,959		D			
		-	Гable II -									osed of, onvertil				y O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d Date,	4. Transa Code (I	ction	5. Number of		6. I	6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Ti of So Undo	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Do	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C i F illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ite ercisab		Expiration Date	Title		Amount or Number of Shares							
Phantom Units	(1)(2)	03/09/2020	03/09/20	020	M			14,626	03	3/09/202	0 0	3/09/2020		nmon nits	14,626		(1)(2)	0		D		
Phantom Units	(1)(2)	03/09/2020	03/09/20	020	M			13,830	03	3/09/202	0 0	3/09/2020		nmon	13,830		(1)(2)	0		D		

## ${\bf Explanation\ of\ Responses:}$

- 1. Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP.
- 2. The Reporting Person settled approximately 50% of his newly vested phantom units for cash and the rest for common units.

## Remarks:

The Reporting Person is the Vice President and Chief Operating Officer of USA Compression GP, LLC, the general partner of the Issuer (the "General Partner"). The Issuer is managed by the directors and executive officers of the General Partner.

/s/ William G. Manias

03/09/2020

\*\* 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.