FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES IN	I BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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* Lenox Michael D				2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]							ck all applica Director	ble)			er		
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450			(3. Date of Earliest Transaction (Month/Day/Year) 02/11/2016							below)	See Rei					
(Street) AUSTIN (City)		X tate)	78701 (Zip)	2	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc Line)							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amount Securities Beneficiall Owned Fo Reported	ly (i	6. Owner Form: Di (D) or Inc (I) (Instr.	irect In direct B 4) O	'. Nature of ndirect Beneficial Ownership Instr. 4)				
						Code	V	Amount	mount (A) or (D)		Transactio	tion(s)		"	130. 4)		
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)	rative Conversion Date Execution Date, Tran rity or Exercise (Month/Day/Year) if any Cod		Transa Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivativ Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	y O F D oi (!)	0. Ownership Form: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(3)		
Phantom Units	(1)	02/11/2016		A		54,218		(2)		(3)	Common Units	54,218	\$0	54,218		D	
Phantom Units	(1)	02/11/2016		A		13,555 ⁽⁴⁾		02/15/2019 ⁽	4)	(3)	Common Units	13,555(4)	\$0	13,555		D	

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one common unit of the Issuer.
- 2. The phantom units shall vest in three equal annual installments, with the first installment vesting on 02/15/2017.
- 3. In the event of cessation of the Reporting Person's services for any reason, all phantom units that have not vested prior to or in connection with such cessation of service shall automatically be forfeited.
- 4. The number of phantom units that vest on February 15, 2019 will range between 0% and 200% of the reported number of phantom units generally depending on the Issuer's achievement of certain objective, performance-based criteria during the three years prior to the vesting date. If none or only a portion of phantom units vest as a result of specified performance levels not being met, such number of phantom units that fail to vest will be forfeited. The phantom units shall also vest immediately prior to a change in control regarding the Issuer.

Remarks:

The Reporting Person is the Vice President - Finance and Chief Accounting 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/ Michael D. Lenox 02/16/2016

** 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.