FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL									
	OMB Number: 3235-0104 Estimated average burden									
	hours per response:	0.5								

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

1. Name and Add Smith Davi	dress of Reportinç id A	2. Date of Event Requiring Statement (Month/Day/Year) 01/14/2013  3. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]										
(Last) C/O USA CO	st) (First) (Middle)  O USA COMPRESSION PARTNERS, LP				Relationship of Reporting Person (Check all applicable)     Director		10% Owne	er [	5. If Amendment, Date of Original Filed (Month/Day/Year)			
100 CONGRI	ESS AVENUE,	, SUITE 450			X	below)	Other (spe below)	· 1	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) AUSTIN	TX	78701				See Remarks	S			by One Reporting Person by More than One Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ty (Instr. 4) Conv		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Price of Derivativ Security				

## **Explanation of Responses:**

## Remarks:

The Reporting Person is the Vice President and President, Northeast Region 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.

No securities are beneficially owned.

<u>/s/ David A. Smith</u> <u>01/14/2013</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.