FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFIC	CIAL OWN	IERSHIP

hours per response:

OMB Number:	3235-0287
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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 Evolution Act of 1934

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 <u>USA Compression Partners, LP</u> [USAC]							(Che	elationship of ck all applica Director Officer (ble)	Person	(s) to Issue 10% Owr Other (sp	ner	
(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							7	below) See Remark			below)	
(Street) AUSTIN TX 78701 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		T	able I - Non-D	erivat	tive S	ecuritie	s Ac	quired, D	ispo	osed o	f, or Be	neficially	Owned				
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I			ate	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned Fo Reported	Form: y (D) or		Direct Ir ndirect B r. 4) C	'. Nature of ndirect Beneficial Ownership Instr. 4)			
							Code	<u> </u>	Amount	(A) o	Price	Transactio					
			Table II - De (e.					uired, Dis s, options					Owned				,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ransaction Derivative ode (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying I Security (Ins. 4)		ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4))11(5)		
Phantom Units	(1)	02/11/2016		A		113,969		(2)		(3)	Common Units	113,969	\$0	113,969	9	D	
Phantom Units	(1)	02/11/2016		A		28,492 ⁽⁴⁾		02/15/2019 ⁽⁴)	(3)	Common Units	28,492(4)	\$0	28,492		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 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.

<u>/s/ William G. Manias</u> <u>02/16/2016</u>

** 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.