FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* EIG VETERAN EQUITY | | | 2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | | |
|--|--|---------------------------------|---|---|----------------------------------|--|--|---------|---|--|--|---|--------------------------------------|---|--|--|
| AGGREGATOR, L.P. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2023 | | | | | | Office | er (give title v) | | Other (sbelow) | specify | | |
| (Last) (First) (Middle) 600 NEW HAMPSHIRE AVE NW, STE. 1200 | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) WASHINGTON DC | 20037 | , | _ | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) (State) | (Zip) | | l_, | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| Tabl | e I - N | lon-Deriva | tive \$ | Secui | rities | Ac | quire | d, Di | sposed of | , or B | eneficia | ally Own | ed | | | |
| Date | | 2. Transaction Date (Month/Day/ | Execution Da | | n Date, Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | (A) or (D) | Price | Transa | action(s) 3 and 4) | | | (11041. 4) | |
| Common Units | | 12/14/2023 | | | | S | | 43,036 | D | \$24.09 | 4 2,182,745 | | D | | | |
| Common Units | | 12/15/20 | 23 | .3 | | | S | | 63,100 | D | \$24.25 | 2543 2,119,645 | | D | | |
| Common Units 12/18/202 | | 23 | 23 | | | S | | 161,321 | D | \$24.19 | 971 1,958,324 | | D | | | |
| 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year | ivative Conversion urity or Exercise Price of Derivative Execution Date, if any (Month/Day/Year) | | | Transaction Code (Instr. 3) | | vative virities vired r osed) r. 3, 4 | Expiration e (Month/Day s | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | 1 1 | Amount or Number of Shares | | | | | |

Explanation of Responses:

EIG Veteran Equity Aggregator, L.P.; By: EIG Veteran Equity GP, LLC, its general partner; By: EIG Asset Management, LLC, its 12/18/2023 managing member; By: /s/ Matthew Hartman, Managing

Director; By: /s/ Nick Williams, Senior Vice

President

** 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.