FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHII

OMB APPROVAL								
OMB Number:	3235-0287							
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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

1. Name and Address of Reporting Person* <u>Kimble Sean T</u>				2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]					(Che	ck all application	ionship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450				3. Date of Earliest Transaction (Month/Day/Year) 02/12/2018						See Remarks						
(Street) AUSTIN TX 78701 (City) (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Inc Line)	I							
1. Title of Security (Instr. 3) 2. Transa Date			ransactio	Day/Year) Execution Date, if any (Month/Day/Year) 8)		3. Transactio	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amount of Securities Beneficially Owned Follow Reported		Form: D (D) or In (I) (Instr		7. Nature of ndirect Beneficial Dwnership Instr. 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)	rivative Conversion Date Execution Date, T curity or Exercise (Month/Day/Year) if any		Code (ansaction Derivative Securities		Expiration Date of (Month/Day/Year) Un		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	лі(з)		
Phantom Units	(1)	02/12/2018		A		24,022		(2)	(3)	Common Units	24,022	\$0	24,022	2	D	
Phantom Units	(1)	02/12/2018		A		6,006 ⁽⁴⁾		02/15/2021 ⁽⁴⁾	(3)	Common Units	6,006(4)	\$0	6,006		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 February 15, 2019.
- 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, 2021 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.

The Reporting Person is the Vice President, Human Resources 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/ Sean T. Kimble

02/14/2018

** 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.