FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

1. Name and Address of Reporting Person* Pearl Michael C				2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]								(Che	ck all applic Directo	ationship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner			
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									X	below)	below)		below)		
C/O USA COMPRESSION PARTNERS, LP				08/09/2022								See Remarks								
111 CONGRESS AVENUE, SUITE 2400																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)									
(Street) AUSTIN	T	X ·	78701											X		•		orting Perso		
															Form filed by More than One Reporting Person					
(City)	(St	ate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date		Date,	Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) or	Ownership orm: Direct 0) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	mount (A) or (D)			Transaction(s) (Instr. 3 and 4)				(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y		ansacti ode (Ins	ion costr. E	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				C	ode V	, (	(A)	(D)	Date Exercisabl		expiration Date	Title	Amo or Num of Shar	nber						
Phantom Units	(1)	08/09/2022			A	2	22,222		(2)		(3)	Common Units	22,	222	(1)	22,222		D		

## **Explanation of Responses:**

- 1. Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP (the "Issuer").
- 2. The phantom units vest incrementally, with 60% of the phantom units vesting on December 5, 2025 and 40% of the phantom units vesting on December 5, 2027.
- 3. In the event of the cessation of the Reporting Person's service for any reason, all phantom units that have not vested prior to or in connection with such cessation of service shall automatically be forfeited.

The Reporting Person is the Vice President, Chief Financial Officer and Treasurer 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 C. Pearl 08/11/2022

\*\* 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 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.