FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540	
Washington,	D.C.	20549	

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	Estimated average burden								
1	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*  TUSA JOSEPH C						2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]							(Che	eck all applic Directo Officer	able)			Owner r (specify	
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 03/11/2013								X Officer (give title Officer (specific below) See Remarks					
(Street) AUSTIN TX 78701					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			ction 2A. Deemed Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F Reported	nt of 6. O es Formally (D) (I) (I		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	unt (A) or P		Price	Transact (Instr. 3 a	ion(s)			insu. 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 D if any (Month/Day/	ate, T	ransaction Code (Instr.				6. Date Exercisable an Expiration Date (Month/Day/Year)			d 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisable		expiration Date	Title	0 N 0	lumber					
Phantom Units	(1)	03/11/2013			A		35,714		(2)		(3)	Comm Unit		5,714	\$0.0	35,714		D	

## **Explanation of Responses:**

- 1. Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP.
- 2. The phantom units shall vest in three equal annual installments, with the first installment vesting on 03/11/2014.
- 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.

## Remarks:

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/ J. Gregory Holloway, as Attorney-in-Fact, for Joseph C. 03/13/2013 Tusa

\*\* 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.