FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNER	SHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden 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

Name and Address of Reporting Person* Owens George Tracy					2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]								(Ch	eck all appli Directo Y Officer	cable) or (give title			Owner (specify		
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 111 CONGRESS AVENUE, SUITE 2400						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2022									helow)	See R	lemar	below)		
(Street) AUSTIN (City)	I T2	X	4. If Amendment, Date of Original Filed (Month/Day/Year) (Zip)							r)	Line	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					Execution D ay/Year) if any		ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	de \	,	Amount	(A) or (D)		Price	Transac (Instr. 3	tion(s)			(3 4)
Common Units 12/16/				5/2022	2022		M	1		5,660)	A	(1)(2)	22	22,065		D			
Common Units 12/16/				5/2022	/2022)		2,830	D \$18.3		19,235			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)	3A. Deem Execution if any (Month/Da	Date,		ransaction Code (Instr.		n of Ex		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Our Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title	C	Amount or Number of Shares					
Phantom Units ⁽³⁾	(1)(2)	12/16/2022			M			5,660	(4)		(5)	Comr		5,660	(1)(2)	3,773	3	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 Reporting Person settled approximately 50% of his newly vested phantom units for cash and the rest for common units.
- 3. These phantom units were awarded on December 5, 2019.
- 4. These phantom units vest incrementally, with 60% of the phantom units vesting on December 5, 2022 and 40% of the phantom units vesting on December 5, 2024.
- 5. 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 of Finance and Chief Accounting 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.

> /s/ G. Tracy Owens 12/20/2022

** 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.