Check

## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

this box if no longer subject to	
n 16. Form 4 or Form 5	
ions may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Section obligat 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*  MANIAS WILLIAM G						2. Issuer Name and Ticker or Trading Symbol <u>USA Compression Partners, LP</u> [ USAC ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title Other (specify			
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP, 100 CONGRESS AVENUE, SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2018								X Office (give title below) below)  See Remarks			
(Street) AUSTIN	T	X	78701		4.1	f Ame	nt, Date o	of Original Filed (Month/Day/Year)					ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)	n-Deriv	vativ	- Se	curit	ies Ac	nuired	Die	nosed o	of or Re	neficial	v Owned			
1. Title of Security (Instr. 3) 2. Tran				saction /Day/Ye	ear) i	2A. Deemed Execution Date,		3. Transa Code (	Transaction Dispo		ties Acquire I Of (D) (Ins	ed (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)
Common Units					03/09/2018				М		37,99	0 A	(1)(2)	135,	135,622(3)		
Common Units				03/09/2018		8			M		12,16	8 A	(1)(2)	147,	790 <sup>(3)</sup>	D	
Common Units 03				03/0	9/201	8			M		13,83	0 A	(1)(2)	161,	620 <sup>(3)</sup>	D	
Common Units 03/0				9/201	/2018					18,99	5 D	\$17.8	7 142,	625 <sup>(3)</sup>	D		
Common Units 03/09/					9/201	/2018					6,084	D	\$17.8	7 136,	541 <sup>(3)</sup>	D	
Common Units 03/09				9/201	2018			D		6,915 D		\$17.8	7 129,626 <sup>(3)</sup>		D		
		٦	Гable II -						,		osed of, convertil		,	Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ot (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares				
Phantom Units	(1)(2)	03/09/2018			M			37,990	03/09/20	18	03/09/2018	Common Units	37,990	(1)(2)	0	D	
Phantom Units	(1)(2)	03/09/2018			M			12,168	03/09/20	18	03/09/2018	Common Units	12,168	(1)(2)	0	D	
Phantom Units	(1)(2)	03/09/2018			M			13,830	03/09/20	18	03/09/2018	Common Units	13,830	(1)(2)	0	D	

# **Explanation of Responses:**

- 1. Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP.
- 2. The Reporting Person settled approximately 50% of his newly vested phantom units for cash and the rest for common units.
- 3. Includes common units acquired under the USA Compression Partners, LP Distribution Reinvestment Plan.

The Reporting Person is the Vice President and Chief Operating 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/ William G. Manias

03/12/2018

\*\* 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.