FORM 4

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

Washington, D.C. 20549

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	ee Instruction 1	0.																			
Name and Address of Reporting Person*  Wortham John L.				2. Issuer Name <b>and</b> Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Wortham John E.													1	✓ Director			10% Ov				
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025									Office below	er (give title		Other (s below)	specify				
111 CONGRESS AVE., SUITE 2400				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street)						Line										Line)  Form filed by One Reporting Person					
AUSTIN	TX	7	8701											1		•	•	Ū			
		,													Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Date,	Transaction Disposed Of (D		es Acquired (A) Of (D) (Instr. 3, 4			Benefic	ies cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code V A		Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)						
Common Units 01/02/2					2025				A		4,494(1)		A	<b>\$0</b>	6,994		I				
	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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	vative irities ired r osed )	Expiration Da		ite Amount o		unt of irities erlying rative irity (In	1	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber							

1. An award of Restricted Units granted under the USA Compression Partners, LP Long-Term Incentive Plan that will vest 60% on December 5, 2027 and 40% on December 5, 2029, generally contingent upon the reporting person's continued service on the board of USA Compression Partners, LP (the "Issuer") or one of its affiliates on each applicable vesting date.

The Reporting Person is a director of USA Compression GP, LLC, the general partner (the "General Partner") of the Issuer. The Issuer is managed by the directors and executive officers of the General

/s/ Christopher W. Porter, as attorney-in-fact for John L. Wortham

\*\* Signature of Reporting Person

01/06/2025

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.