Smith David A Form 4 March 12, 2018

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 30(h) of the Investment Company Act of 194

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Smith David A	2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(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	Director 10% Owner See Remarks			
(Street) AUSTIN, TX 78701	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owned			

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1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Units	03/09/2018		M	12,522	A	<u>(1)</u>	57,385 <u>(2)</u>	D	
Common Units	03/09/2018		M	3,944	A	<u>(1)</u>	61,329 (2)	D	
Common Units	03/09/2018		M	5,065	A	<u>(1)</u>	66,394 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02)

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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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Units	<u>(1)</u>	03/09/2018		M		12,522	03/09/2018	03/09/2018	Common Units	12,522
Phantom Units	(1)	03/09/2018		M		3,944	03/09/2018	03/09/2018	Common Units	3,944
Phantom Units	<u>(1)</u>	03/09/2018		M		5,065	03/09/2018	03/09/2018	Common Units	5,065

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Smith David A C/O USA COMPRESSION PARTNERS, LP, 100 CONGRESS AVENUE, SUITE 450 AUSTIN, TX 78701

See Remarks

Signatures

/s/ David A. 03/12/2018 Smith

**Signature of Date Reporting Person

Explanation of Responses:

- * 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).
- (1) Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP.
- (2) Includes common units acquired under the USA Compression Partners, LP Distribution Reinvestment Plan.

Remarks:

Reporting Owners 2

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The Reporting Person is the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partn Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.