FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
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).

## 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

Name and Address of Reporting Person*  Kimble Sean T						2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [ USAC ]  3. Date of Earliest Transaction (Month/Day/Year)										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last)	(Fi	rst) (	Middle)			08/25/2017									X	Offic belov	er (give title w)		Other (specify below)			
C/O USA COMPRESSION PARTNERS, LP															See Remarks							
100 CONGRESS AVENUE, SUITE 450					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)  X Form filed by One Reporting Person							
AUSTIN	T	X 2	78701														Form filed by More than One Reporting Person					
(City)	(Si	tate) (	Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					y/Year)	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (D) and 5)						Securii Benefi Owned		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amoun	nt (A) or (D)		Price	e	Following Reported Transaction(s) (Instr. 3 and 4)		(11150.4)		(msu. 4)		
Common Units 08/25/20						)17			M		2,75	54	A	(1)	)(2)		7,000	D	)			
Common Units 08/25/20					2017	017			D		1,37	77 D		\$15	5.27 25,623		5,623	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)	if any	on Date,	4. Transaci Code (In 8)			ivative urities juired or posed D)	6. Date Exe Expiration (Month/Day		Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			<u> </u>		Code	V (A)			Date Exercisable		piration te	Title	or No of	umber								
Phantom Units	(1)(2)	08/25/2017			M			2,754	08/25/2017	08	25/2017	Comr Uni		,754	(1	)(2)	0		D			

## Explanation of Responses:

- 1. Each phantom unit was the economic equivalent of one common unit of USA Compression Partners, LP.
- $2. \ The \ Reporting \ Person \ settled \ approximately \ 50\% \ of \ his \ newly \ vested \ phantom \ units \ for \ cash \ and \ the \ rest \ for \ common \ units.$

## Remarks:

The Reporting Person is the Vice President, Human Resources 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.

<u>/s/ Sean T. Kimble</u> <u>08/25/2017</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.