SEC For	m 4 FORM			_			_		_		_			_					
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL				
Check t transac contrac the pure securititi intende defense	16. Form 4 or ons may contin ion 1(b). this box to indic tion was made t, instruction or chase or sale c es of the issue d to satisfy the	uue. See cate that a pursuant to a written plan for f equity that is	STA		ed pur	suant	to Section	on 16(ES IN I	ecuri	ties Excha	nge Act	of 19		SHIP	Estim		er: verage burd isponse:	3235-0287 en 0.5
1. Name and Address of Reporting Person [*] Scheller Eric A					USA Compression Partners, LP [USAC] (Check all applica Director										r 10% Owner			wner	
1	(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 111 CONGRESS AVENUE, SUITE 2400															Officer (give title Other (specify below) below) See Remarks			
(Street) AUSTIN TX 78701					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(Si		(Zip) le I - No i	n-Deriv	/ative	e Se	curitie	s Ac	quired,	Dis	posed o	of, or	Bene	ficial	ly Owned	d			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (I	Transaction Disp Code (Instr. 5) 8)		eurities Acquired (A sed Of (D) (Instr. 3,			Benefici	es For ially (D) Following (I) (id ition(s)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Units				12/05	5/2024				A	V	Amount 28,310	' (D)		\$0	(Instr. 3 and 4)			D	
		Т							uired, D s, option						v Owned			I	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	ed Date,	4. Transa Code (8)	action	5. Nun of	nber ative ities red sed 3, 4	6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	iy Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	0 N O	umber					
Cash Units	(2)	12/05/2024			Α		9,440		(2)		(2)	Comm Units		9,440	(2)	9,440)	D	

Explanation of Responses:

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 employment with USA Compression Partners, LP (the "Issuer") or one of its affiliates on each applicable vesting date.

2. An award of cash units grated under the USA Compression Partners, LP Long-Term Cash Restricted Unit Plan, scheduled to vest one-third on December 5, 2025, one-third on December 5, 2027, generally contingent upon the reporting person's continued employment with the Issuer or one of its affiliates on each applicable vesting date. The cash units will be settled solely in cash at the fair market value of the underlying common units based on the average closing price of a common units for the ten (10) trading days immediately preceding the applicable vesting date.

Remarks:

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/ Eric A. Scheller	
** Signature of Reporting Person	

<u>12/09/2024</u> 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.