FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Liuzzi Matthew C						2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				ner
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP, 100 CONGRESS AVENUE, SUITE 450							of Earl	iest Tran:	saction (M	onth/	Day/Year)		X Officer (give title Other (specify below) See Remarks					
(Street) AUSTIN TX 78701 (City) (State) (Zip)							4. If Amendment, Date of 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											
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/					saction	ear)	2A. De Execu	emed tion Date,	3. Transa Code (3. 4. Secur Transaction Dispose Code (Instr. 5)			eneficia red (A) or str. 3, 4 an	5. Amou Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Units					03/09/2018				M		30,29	00 A		92,	92,827 ⁽³⁾		D	
Common Units				03/09/2018		8			M		9,843	B A	A (1)(2)		2,670 ⁽³⁾		D	
Common Units				03/09/2018		8			M		10,89	1 A	(1)(2	113	,561 ⁽³⁾		D	
Common Units				03/09/2018		8			D		15,14	5 D	\$17.	98,	98,416 ⁽³⁾		D	
Common Units 03.					09/2018				D		4,922	2 D \$1		93,	93,494(3)		D	
Common Units 03/0					03/09/2018				D		5,446	5,446 D S		88,048(3)			D	
			Table II -								osed of,			/ 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)		5. Number of		6. Date Ex Expiration (Month/Da	Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e (C S I Illy [C J (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares	er				
Phantom Units	(1)(2)	03/09/2018			M			30,290	03/09/201	.8	03/09/2018	Common Units	30,290	(1)(2)	0		D	
Phantom Units	(1)(2)	03/09/2018			M			9,843	03/09/201	.8	03/09/2018	Common	9,843	(1)(2)	0		D	
Phantom	(1)(2)	03/09/2018			M			10,891	03/09/201	8	03/09/2018	Common	10,891	(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, Chief Financial Officer and Treasurer 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/ Matthew C. Liuzzi 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.