FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

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* Smith David A | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>USA Compression Partners, LP</u> [USAC] | | | | | | | elationship o ck all applica Director | able) | Persor | n(s) to Issue 10% Ow Other (sp | ner | |
|---|---|--|---|-----------------------------------|--|----------------------|-----|--|--------------------|---|--|---|---|---|--|---|--|
| (Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2016 | | | | | | | See Remarks | | | | | |
| (Street) AUSTIN TX 78701 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date | | | | ransactio | | | | Code (Instr. | | | d (A) or | 5. Amoun | ily | 6. Owner Form: E (D) or In (I) (Inst | Direct II ndirect E r. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | ive Securities Acquired, Disposed of, or Beneficiats, calls, warrants, options, convertible securities | | | | | | | Price Transaction(s) (Instr. 3 and 4) | | | | | |
| 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. Transaction Code (Instr. | | · · | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio | i C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | JII(3) | | | |
| Phantom Units | (1) | 02/11/2016 | | A | | 37,566 | | (2) | (3) | Common Units | 37,566 | \$0 | 37,566 | 6 | D | | |
| Phantom Units | (1) | 02/11/2016 | | A | | 9,391 ⁽⁴⁾ | | 02/15/2019 ⁽⁴⁾ | (3) | Common Units | 9,391(4) | \$0 | 9,391 | | D | | |

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one common unit of the Issuer.
- 2. The phantom units shall vest in three equal annual installments, with the first installment vesting on 02/15/2017.
- 3. In the event of cessation of the Reporting Person's services for any reason, all phantom units that have not vested prior to or in connection with such cessation of service shall automatically be forfeited.
- 4. The number of phantom units that vest on February 15, 2019 will range between 0% and 200% of the reported number of phantom units generally depending on the Issuer's achievement of certain objective, performance-based criteria during the three years prior to the vesting date. If none or only a portion of phantom units vest as a result of specified performance levels not being met, such number of phantom units that fail to vest will be forfeited. The phantom units shall also vest immediately prior to a change in control regarding the Issuer.

Remarks

The Reporting Person is the Vice President and President, Northeast Region 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/ David A. Smith

02/16/2016

** 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.