Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT C	F 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

1. Name and Address of Reporting Person Liuzzi Matthew C						USA Compression Partners, LP [USAC]								eck all applic	cable)	g Person(s) to is 10% C Other			
	A COMPRE	irst) SSION PARTN VENUE, SUITE			3. Date of Earliest Transaction (Month/Day/Year) 03/08/2019										below) below) See Remarks				
(Street) AUSTIN TX 78701					4. 1	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					
(City)	(S	tate)	(Zip)																
		Tak	le I - No	n-Deriv	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	of, or Be	neficial	ly Owned	ı				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Disposed	Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Followin Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount (A) or (D)		r Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Units		03/08		8/201	/2019		М		30,29	0 A	(1)(2)	152,	152,880 ⁽³⁾					
Common Units		03/0	8/201	3/2019					10,89	1 A	(1)(2)	163,	,771 ⁽³⁾	D					
Common Units		03/0	08/2019				M		11,51	8 A	(1)(2)	175,	.289 ⁽³⁾	D					
Common Units		03/0	08/2019				D		15,14	5 D	D \$14.99		9 160,144 ⁽³⁾						
Common Units			03/0	8/201	9			D		5,446	5 D	\$14.9	9 154,	698(3)	D				
Common Units 03			03/0	8/201	/2019		D		5,759	5,759 D \$1		99 148,939 ⁽³⁾		D					
		•	Table II -								osed of,			Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	ion 3A. Deemed Execution Da		d 4. Date, Transaction Code (Instr		5. Number of		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 (Instr. 4)	Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Phantom Units	(1)(2)	03/08/2019			M			30,290	03/08/20:	19	03/08/2019	Common Units	30,290	(1)(2)	0	D			
Phantom Units	(1)(2)	03/08/2019			M			10,891	03/08/20:	19	03/08/2019	Common Units	10,891	(1)(2)	0	D			
Phantom Units	(1)(2)	03/08/2019			M			11,518	03/08/20:	19	03/08/2019	Common	11,518	(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 03/12/2019

** 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.