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 CHAP
Instruction 1(b).	Filed pursuant to Section

NGES 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* MANIAS WILLIAM G					2. Issuer Name and Ticker or Trading Symbol <u>USA Compression Partners, LP</u> [USAC]								neck all applic Directo	or 10%		10% Ov	Owner	
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2019									Officer (give title below) See Remark		Other (s below)	pecify
(Street) AUSTIN	I T	X	78701		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City)	(5	•	(Zip)	ı-Deriv	/ativ	e Se	curi	ties Ac	auired	Dis	sposed o	of, or Be	neficia	lly Owned	<u> </u>			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		ed (A) or	5. Amou Securitie Benefici	int of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	r Price	Reported Transaction (Instr. 3	tion(s)			(Instr. 4)
Common Units				03/08	8/2019				М		37,98	37,989 A) 197	197,532		D	
Common Units				03/08	3/2019				М		13,83	0 A	(1)(2	211	211,362		D	
Common Units			03/08	8/2019				М		14,62	7 A	(1)(2	225	225,989		D		
Common Units				03/08	8/2019				D		13,29	7 D	\$14.	99 212	212,692		D	
Common Units			03/08	8/2019				D		4,841	D	\$14.	99 207	207,851		D		
Common Units 03/0			03/08	8/201	/2019		D		5,120) D	\$14.	9 202,731			D			
		•	Table II -											/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	Date,	4. Transa	ansaction ode (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Ily Dir or I (I) (10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Phantom Units	(1)(2)	03/08/2019	03/08/20	119	M			37,989	03/08/20	19	03/08/2019	Common Units	37,989	(1)(2)	0		D	
Phantom Units	(1)(2)	03/08/2019	03/08/20	19	М			13,830	03/08/20	19	03/08/2019	Common Units	13,830	(1)(2)	0	\neg	D	
Phantom	(1)(2)	03/08/2010	03/08/20	110	м			14 627	03/08/20	10	03/08/2010	Common	14 627	(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 35% of his newly vested phantom units for cash and the rest for common units.

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.

> 03/12/2019 /s/ William G. Manias

** 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.