FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
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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*     Owens George Tracy			2. Date of Event Requiring Staten (Month/Day/Year 04/10/2017	equiring Statement Month/Day/Year)  USA Compression Partners, LP [ USAC ]							
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP				Relationship of Reporting Persi (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
100 CONGRESS AVENUE, SUITE 450						Officer (give title below)  SEE REMARK	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) AUSTIN	TX	78701				SEE REMARI	X3			y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security				e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)		

## **Explanation of Responses:**

## Remarks:

The Reporting Person is the Vice President of Finance and Chief Accounting 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.

No securities are beneficially owned.

<u>/s/ G. Tracy Owens</u> <u>04/12/2017</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.