FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									

3235-0287 OMB Number: 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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Porter Christopher W					2. Issuer Name and Ticker or Trading Symbol USA Compression Partners, LP [USAC]								Relationship of Reporting Pers (Check all applicable) Director Officer (give title)				on(s) to Issu 10% Ov Other (s	/ner		
(Last) (First) (Middle) C/O USA COMPRESSION PARTNERS, LP					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019								X Officer (give title Other (specify below) See Remarks							
100 CONGRESS AVENUE, SUITE 450					4 If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	T	X.	78701			,			. Onga.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ine) X	Form fi	ed by One ed by More	Repoi	rting Persor	1	
(City)	(St	ate)	(Zip)												Person					
		Tab	le I - Non	-Deriva	ative	e Se	curities	S Ac	quired, [Disp	osed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date		Date,	3. Transac Code (In 8)					4 and Securitie Benefici		s Illy ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)			Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day	Date		e and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er						
Phantom Units	(1)	12/05/2019			A		31,698		(2)		(3)	Common Units	31,69	98	(1)	31,698		D		

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one common unit of USA Compression Partners, LP.
- 2. The phantom units vest incrementally, with 60% of the phantom units vesting on December 5, 2022 and 40% of the phantom units vesting on December 5, 2024.
- 3. In the event of the cessation of the Reporting Person's service for any reason, all phantom units that have not vested prior to or in connection with such cessation of service shall automatically be forfeited.

Remarks:

The Reporting Person is the Vice President, General Counsel and Secretary 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.

> 12/09/2019 /s/ Christopher W. Porter

** 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.