USA Compression Partners, LP Form 4

March 14, 2017

#### 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

03/10/2017

(Print or Type F	Responses)										
Liuzzi Matthew C Syr US			Symbol	· Name <b>and</b> ompressio				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(First) (MOMPRESSION S, LP, 100 CONGSUITE 450	3. Date of Earliest Transaction (Month/Day/Year) 03/10/2017					Director 10% Owner Officer (give title Other (specify below) See Remarks				
AUSTIN, T	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)	(State)	(Zip)	Tabl	e I - Non-D	erivative (	Securi	ities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ed 3. 4. Securities Acquired Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)  ay/Year) (Instr. 8)  (A) or				of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Units	03/10/2017			M	30,291	A	(1) (2)	63,627 (3)	D		
Common Units	03/10/2017			M	9,844	A	(1) (2)	73,471 (3)	D		
Common Units	03/10/2017			M	3,571	A	(1) (2)	77,042 (3)	D		
Common Units	03/10/2017			D	15,146	D	\$ 18.13	61,896 (3)	D		
								(2)			

D

4,922

D

56,974 (3)

D

**OMB APPROVAL** 

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#### Edgar Filing: USA Compression Partners, LP - Form 4

Common \$ 18.13 Common Units D 1,786 D \$ 55,188 (3) D

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

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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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Units	<u>(1)</u> <u>(2)</u>	03/10/2017		M		30,291	03/10/2017	03/10/2017	Common Units	30,291
Phantom Units	<u>(1)</u> <u>(2)</u>	03/10/2017		M		9,844	03/10/2017	03/10/2017	Common Units	9,844
Phantom Units	<u>(1)</u> <u>(2)</u>	03/10/2017		M		3,571	03/10/2017	03/10/2017	Common Units	3,571

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Liuzzi Matthew C C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450 AUSTIN, TX 78701

See Remarks

## **Signatures**

/s/ Matthew C. Liuzzi 03/14/2017

\*\*Signature of Date
Reporting Person

Reporting Owners 2

#### **Explanation of Responses:**

- \* 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).
- (1) Each phantom unit was 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.

#### **Remarks:**

The Reporting Person is the Vice President, Chief Financial Officer and Treasurer of USA Compression GP, LLC, the general Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.