USA Compression Partners, LP Form 4 March 31, 2015

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

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subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Smith David A

2. Issuer Name and Ticker or Trading Symbol

USA Compression Partners, LP

[USAC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

See Remarks

(Last)

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

X\_ Officer (give title below)

10% Owner Other (specify

03/27/2015

C/O USA COMPRESSION PARTNERS, LP, 100 CONGRESS

(Street)

(State)

**AVENUE, SUITE 450** 

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**AUSTIN, TX 78701** 

(City)

(Instr. 3)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Reported

6. Ownership 7. Nature of Indirect Form: Direct (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Transaction(s) (Instr. 3 and 4)

Code V (D) Price Amount

03/27/2015

M 1,579

5,292 (2) Α (1)

D

Common Units

Units

Common

03/27/2015

M

3,401 Α

(1)

8.693 (2)

D

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

(Month/Day/Year)

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**SEC 1474** (9-02)

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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)	Transaction Derivative Code Securities		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	(1)	03/27/2015		M		1,579	03/27/2015	03/27/2015	Common Units	1,579
Phantom Units	<u>(1)</u>	03/27/2015		M		3,401	03/27/2015	03/27/2015	Common Units	3,401

### **Reporting Owners**

	Relationships		
Reporting Owner Name / Address	*		

Director 10% Owner Officer Other

Smith David A C/O USA COMPRESSION PARTNERS, LP 100 CONGRESS AVENUE, SUITE 450 AUSTIN, TX 78701

See Remarks

### **Signatures**

/s/ David A. Smith 03/31/2015

\*\*Signature of Date Reporting Person

# **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) Includes common units acquired under the USA Compression Partners, LP Distribution Reinvestment Plan.

#### **Remarks:**

The Reporting Person is the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partners of the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partners of the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partners of the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partners of the Vice President and President, Northeast Region of USA Compression GP, LLC, the general partners of the Vice President and President and

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.

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