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
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 OMB APPROVAL
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1. Name and Address of Reporting Person* <u>Hazlett James R</u>					N	2. Issuer Name and Ticker or Trading Symbol <u>NATURAL GAS SERVICES GROUP INC</u> [NGS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below)					
(Last)(First)(Middle)508 WEST WALL STREET, SUITE 550						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2010											-Tech	below) nical Svc	S.	
(Street) MIDLAND TX 79701 (City) (State) (Zip)					- 4. I	Line										ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	n-Deriv	vative	e Se	curit	ies Ad	cauired.	Dis	posed o	of. or B	enefic	iallv	Owned	1				
1. Title of Security (Instr. 3) Date				2. Tran Date	saction /Day/Ye	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr.		ired (A)	or	5. Amou Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Prie	се	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 12					2/14/2010				М		7,58	9 A \$7		7.84	28,816 ⁽¹⁾			D		
		1	Fable II -						luired, C s, optior						Dwned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution ecurity or Exercise (Month/Day/Year) if any		Date, Tran Code		action Instr.	n of ∣i		6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e O' s Fe Illy Di or J (l)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration Pate	Title	Amou or Numb of Share	ber						
Employee Stock Option (right to buy) ⁽²⁾	\$17.51								09/10/200	9 0	9/10/2018	Common Stock	5,00	00		5,000		D		
Employee Stock Option (right to buy) ⁽³⁾	\$7.84	12/14/2010			М			7,589	03/17/201	0 0	3/16/2019	Common Stock	7,58	39	\$0	0		D		

Explanation of Responses:

1. The acquisition of the 1,227 shares of common stock reflects an award of restricted stock on January 4, 2010, pursuant to the Company's 2009 Restricted Stock/Unit Plan. The award vests one year from the grant date subject to the participant's continued employment with the Company and subject to accelerated vesting upon the death, disability or retirement of the participant, or upon a change in control of the Company.

2. Granted pursuant to the Company's 1998 Stock Option Plan. The option vests and becomes exercisable in three equal annual installments beginning on the first anniversary of the grant date. Vesting accelerates under certain circumstances.

3. Granted pursuant to the Company's 1998 Stock Option Plan. The option vests one year from the date of grant, although vesting accelerates if employment is terminated for any reason.

<u>/s/ James R. Hazlett</u>

12/16/2010

** Signature of Reporting Person

Date

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

 \ast 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.