FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20040 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Lawrence G Larry (Last) (First) (Middle) C/O LEGACY RESERVES GP, LLC 303 W. WALL STREET, SUITE 1600 (Street) MIDLAND TX 79701 | | | | | | | 2. Issuer Name and Ticker of Trading Symbol NATURAL GAS SERVICES GROUP INC [ngs] 3. Date of Earliest Transaction (Month/Day/Year) 04/06/2018 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | cable) or (give title hief Final | 10% Ov Other (s below) ncial Officer | | wner specify oplicable |
|--|---|--|---|---|--|---|---|----------------------|--------------------------------|------------------------------------|--|-------------------|--|--|-----------------------------------|-----------------|---|--|---|--|--|
| (City) | | | (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | e Se | curiti | es A | cqu | ıired, | Disp | osed (| of, or I | 3en | eficiall | ly Ov | vnec | l | | | |
| Da | | | Date | t. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A |) or) | Price | Reported Transaction(s) (Instr. 3 and 4) | | tion(s) | | | (111511.4) | | | |
| Common Stock | | | | | 5/2018 | 8 | | | | F | | 2,71 | 1 | D | \$24.5 | 4.5 52 | | 2,150 | | D | |
| Common | Stock | | | | | | | | | | | | | | | | 5,0 | 5,000 I Rat Tru | | | |
| | | T | able II - | | | | | | | | | sed of onverti | | | | Owr | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | Exp | Date Exe piration onth/Day | Date | | of Secu Underly Derivat | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Deriva Secur | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | is Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | OI N Of | umber | | | | | | |
| Restricted Stock Units | (1) | | | | | | | | | (1) | | (1) | Commo | | 4,000 | | | 14,000 | | D | |
| Employee Stock Option | \$17.81 | | | | | | | | 01/ | /25/2012 | 01 | /24/2021 | Commo | | 5,000 | | | 5,000 | | D | |

Explanation of Responses:

1. Not Applicable. Each Restricted Stock Unit represents the right to receive one share of Company common stock upon vesting without payment.

04/10/2018 G. Larry Lawrence

** 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.