Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-								
Estimated average burden								
hours per response:	0.5							

					or	Secti	on 30((h) of the	Investme	nt Cc	mpany Act	of 1940							
1. Name and Address of Reporting Person* <u>Taylor Stephen Charles</u>					2. Issuer Name and Ticker or Trading Symbol NATURAL GAS SERVICES GROUP INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				[1	NGS]								X Direct			10% Ov	·		
(Last) (First) (Middle)														X Office below	(give title		Other (s below)	specify	
, ,	,	IRPARK LANE	` ,			3. Date of Earliest Transaction (Month/Day/Year)								Chief Executive Officer					
SUITE 3		INIAINE LANE			03.	/29/2	022												
SUITES	00					f Amo	ndmo	nt Data	of Origina	l Eilor	L (Month/Do	w(Voor)	6.1	ndividual or	Joint/Crour	Eiling	(Chook An	olicable	
(Street)					_ 4.1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
MIDLA	ND T	X	79705											X Form filed by One Reporting Person					
					-									Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)											1 6130	1				
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Be	neficia	ly Owne	t				
		2. Transaction Date		2A. Deemed Execution Date.		3. 4. Securities Acquired (A)							6. Ownership Form: Direct		7. Nature of Indirect				
(Month				/Day/Ye	ear) i	if any		Code (Instr. 5)		u. 5, 4 and	Benefic	Beneficially		(D) or Indirect	Beneficial Ownership				
							(Month/Day/Year		r) 8)		ļ		.	Reporte	d	(1) (111		(Instr. 4)	
								Code	l۷	Amount	(A) or (D)	Price	Transac (Instr. 3	and 4)					
Common	Stock			03/2	9/202	2			F		12,95	3 D	\$11.8	36 52	526,289 D				
C	C41-			02/2	0/202	_			T ,,		10.07	, ,	(I) 107.426 J. F				Rabbi		
Common	Stock			03/2	9/202	²			M		10,97	3 A	(1)	(1) 127,426 I			Trust		
			Table II -											Owned				1	
				(e.g.,	puts,	call	s, wa	arrants	, optio	ns, (converti	ble secu	ırities)						
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise (Month/Day/Year) 3. Transaction Date Execution if any (Month/Day Security)		Date, Transaction Code (Instr			n of		Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
													Amount or						
									Date		Expiration		Number of						
			<u> </u>		Code	٧	(A)	(D)	Exercisa	ble	Date	Title	Shares	<u> </u>	 				
Restricted Stock Units	(2)	03/29/2022 ⁽²⁾			M			10,973	(2)		(2)	Common Stock	10,973	\$0	6,275	5	D		

Explanation of Responses:

- 1. The shares were issued in connection with the vesting of Restricted Stock Units on a one-for-one basis and are held in a Rabbi Trust under the Company's Non-Qualified Deferred Compensation Plan
- 2. Not Applicable. Each RSU represents the right to receive one share of Company common stock upon vesting without payment.

Remarks:

Stephen C. Taylor

03/31/2022

** 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.