FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Name and Address of Reporting Person* Hazlett James R						2. Issuer Name and Ticker or Trading Symbol NATURAL GAS SERVICES GROUP INC [NGS]										ck all applic	iship of Reporting P applicable) birector Officer (give title		10% O		
(Last) (First) (Middle) 508 WEST WALL STREET, SUITE 550						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2011										below)		-Tech	below)	. ,	
(Street) MIDLAND TX 79701				4. 1	Line) X Form filed by								iled by One	t/Group Filing (Check Applicable by One Reporting Person by More than One Reporting							
(City)	(St		(Zip)																		╡
Table I - Non-Deri 1. Title of Security (Instr. 3) 2. Trans Date (Month/					action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		5)		(A) or 3, 4 and	5. Amou Securitie Benefici Owned F Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					- (0.0.4)	_					V	Amount	(D		Price	(Instr. 3	r. 3 and 4)				$\frac{1}{2}$
Common		5/201					A		-,	7		\$15.25	35,010 ⁽²⁾			D					
		1	Γable II -									osed of, onvertil				Owned					
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/Day	Date,	4. Transactio Code (Inst 8)				6. Date Exercisal Expiration Date (Month/Day/Year				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s security	B. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	et al
					Code	v	(A)	(D)	Date Exe	e rcisable		Expiration Date	Title	1	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$17.51								09/1	10/2009 ⁽	(3)	9/10/2018	Comm Stock		5,000		5,000		D		
Employee Stock Option (right to buy)	\$17.74								12/0	09/2010 ⁽	(3) 1	2/08/2019	Comm Stock		10,000		10,000)	D		
Employee Stock Option (right to	\$17.81								01/2	25/2012 ⁰	(3)	1/24/2021	Comm Stock		10,000		10,000)	D		

Explanation of Responses:

- 1. The acquisition of the 5,000 shares of common stock reported herein reflects an award of restricted stock on June 15, 2011, pursuant to the Company's 2009 Restricted Stock/Unit Plan. The award vests in one-third annual installments beginning on the first annuiversary of 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. In addition to the 5,000 shares of restricted stock referenced in footnote #1 above, the amount of shares beneficially owned also includes 1,194 restricted shares which vest on January 24, 2012.
- 3. 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.

06/17/2011

** 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.