FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------------------|---------------|---------------|------------------|
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) 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* Odeneye Gbolade | | | | | 2. Issuer Name and Ticker or Trading Symbol Quintana Energy Services Inc. [QES] | | | | | | | | | elationship o eck all applio Directo | able) r | g Pers | 10% Ov | vner | |
|---|--|--|---|---|---|--|----------|--|--|-------------------|---|---|---------------|--|---|---|------------|--|--|
| (Last) (First) (Middle) 1415 LOUISIANA STREET, SUITE 2900 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018 | | | | | | | | 2 | below) | (give title See R | emar | Other (s below) ks | вреспу | | |
| (Street) | ON T | x | 77002 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (Si | tate) | (Zip) | | Person | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Sec | curities | s Ac | quired, D | isp | osed o | f, or | Ben | eficiall | y Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Da | | Date, | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 5. Amou Securitie Benefici Owned F | s ally following | Form (D) o | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | , | Amount (A) or (D) | | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| | 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 Da if any (Month/Day/\) | Date, Tr | ransaction ode (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Phantom | (1) | 02/13/2018 | | | Δ | | 34 266 | Ιl | (2) | | (2) | Com | mon | 34 266 | (1) | 34 266 | s | D | |

Explanation of Responses:

- 1. Each phantom unit is the economic equivalent of one share of QES common stock.
- 2. Represents phantom units scheduled to vest in four equal installments in February 2018, February 2019, February 2020 and February 2021. Vested phantom units will be settled within 60 days of the applicable vesting date.

Remarks:

Vice President and Corporate Controller

/s/ D. Rogers Herndon, 02/15/2018 attorney-in-fact

** 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.