FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Vashington,	D.C.	20549	
-------------	------	-------	--

OMB APPROVAL

1	010107111111	J V/ (L							
	OMB Number:	3235-0287							
	Estimated average burden								
l	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

					- 01	CCCII	511 55(11) (J. 111C	investment C	ompany Act	0. 1040						
1. Name and Address of Reporting Person* SHACKOULS BOBBY S				2. Issuer Name and Ticker or Trading Symbol Quintana Energy Services Inc. [QES]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SHACI	NUULS I	DUDD I 3			-						-		X Directo	r	10% Ov	vner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/24/2019							Officer below)	(give title	Other (s below)	specify	
1415 LO	UISIANA S	STREET, SUITE	E 2900														
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable				
(Street)									-	•		Line	,				
HOUSTO	ON T	X	77002										X Form fi	led by One Re	porting Perso	۱	
					.									led by More th	an One Repo	ting	
(City)	(6)	ate)	(Zip)										Persor				
(City)	(3)	late)	(Zip)														
		Tab	le I - Non	n-Deriv	ative	e Se	curities	s Ac	quired, Di	sposed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			Code (Instr. 5)			ed (A) or tr. 3, 4 and	Beneficia	es For ally (D) collowing (I)	m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3	ion(s)		(Instr. 4)			
		-	Table II - I	Deriva	tive	Seci	ırities	Aca	uired, Dis	nosed of	or Bene	eficially	Owned	,	,		
									, options,				011 110u				
1. Title of	2.	3. Transaction	3A. Deemed	· · ·			.						8. Price of	9. Number of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	SA. Deemed Execution Date, if any (Month/Day/Year)	Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	01/24/2019			A		23,474		(2)	(2)	Common stock	23,474	(1)	23,474	D		

Explanation of Responses:

- 1. Each restricted stock unit represents the contingent right to receive one share of QES common stock.
- 2. On January 24, 2019, the reporting person was awarded a number of restricted stock units under the Company's 2018 Long Term Incentive Plan. The restricted stock units shall vest in one year on February 9, 2020, so long as the reporting person remains continuously employed by, or continuously provides services to, the Company or an affiliate of the Company, as applicable, from the grant date through the vesting

Remarks:

/s/ Max L. Bouthillette, 01/28/2019 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.