Form **8937**

(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting	ssuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
Archrock, Inc. (FKA: Exte	erran Holdings, Inc.	74-3204509			
3 Name of contact for add	ditional information	4 Telephon	ne No. of contact	5 Email address of contact	
David S. Miller			(281) 836-8895	investor.relations@archrock.com	
6 Number and street (or F	O. box if mail is not	7 City, town, or post office, state, and Zip code of contact			
16666 Northchase Drive		Houston, TX 77060			
8 Date of action					
2015 - see below		ers of Archrock, Inc. common stock			
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
03957W106			NYSE: AROC		
14 Describe the organization	tional action and, if a , Archrock, Inc. (AR	oplicable, the	e date of the action or the date	ack of form for additional questions. ainst which shareholders' ownership is measured for paid the following cash distributions per share to	
	Date of Record:		Amount per Share:	Date Paid:	
	February 9, 2015		\$0.15	February 17, 2015	
May 11, 2015 August 10, 2015			\$0.15 \$0.15	May 18, 2015 August 17, 2015	
October 26, 2015			\$0.15	October 30, 2015	
share or as a percenta will be classified as non-di	ge of old basis ► AI	ROC has deto and treated	ermined that 100 percent of each	the hands of a U.S. taxpayer as an adjustment per th of the quarterly cash distributions it paid in 2015 tent of the shareholders' tax basis in AROC shares. hat shareholder's tax basis in AROC shares will be	
taxed as a capital gain for	U.S. income tax pur	poses.			
valuation dates ► Bas	ed upon calculation	s using reas		, such as the market values of securities and the ses not believe that it had any accumulated earnings as in 2015.	

Part	Ш.	Organizational Action (conti	nued)		
17 L	₋ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon which	the tax treatment is based	301(c) and 316(a)
18 (Can any	y resulting loss be recognized? ▶	J/A		
1					
19 F	Provide	any other information necessary to	implement the adjustment, such as the	reportable tax year ► None	
d land					
				377	
	Linda	ur popultion of parium. I declare that I have	re examined this return, including accompan	wing schedules and statements	and to the hest of my knowledge, and
	belief	f, it is true, correct, and complete. Declare	ation of preparer (other than officer) is based	on all information of which prepa	rer has any knowledge.
Sign		6 X M	00	01.	
Here	Signa	ature >	lee	Date ►	4116
		Dould C Millon		THE CD Vice	President/Chief Financial Office
D	Print	your name ► David S. Miller Print/Type preparer's name	Preparer's signature	Title ► SR. Vice	DTIN
Paid Prepa	arer	N. C.			Check if if self-employed
Use (Firm's name			Firm's EIN ▶
1.14		Firm's address ▶			Phone no.
Send F	orm 89	337 (including accompanying statem	ents) to: Department of the Treasury, Ir	nternal Revenue Service, Ogo	ien, UT 84201-0054