Form **8937** (December 2011) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Internal Revenue Service			See separate instructions.			
Part I Reporting	Issuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)				
Archrock, Inc.		74-3204509				
3 Name of contact for add	ditional information 4	ne No. of contact	5 Email address of contact			
David Skipper			(281) 836-8155	investor.relations@archrock.com		
6 Number and street (or F	.O. box if mail is not de	7 City, town, or post office, state, and	7 City, town, or post office, state, and Zip code of contact			
16666 Northchase Drive				Houston, TX 77060		
8 Date of action		9 Class	sification and description			
2016 - see below		Cash Di	-	lders of Archrock, Inc. common stock		
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)		
03957W106			NYSE: AROC			
Mary 1. April 1880 and 1880 an				back of form for additional questions		
_				against which shareholders' ownership is		
	, Archrock, Inc. (AROC	c) paid the	e following cash distributions	per share to the common shareholders	s of record on	
the specified dates:						
Date of Record	- Amc	unt per S	hare: Date Paid:			
February 9, 20			February 1	6. 2016		
May 12, 2016	\$0.0			May 18, 2016		
August 9, 2016	\$0.0	095	August 16,			
November 10,		12	November			
·	•			γ in the hands of a U.S. taxpayer as an adj		
				each of the quarterly cash distributions		
				extent of the shareholders' tax basis in		
			hareholder that is in excess o	of that shareholder's tax basis in AROC	shares will be	
taxed as a capital gain for	U.S. Income tax purpo	ses.				
					,	
				,		
16 Describe the calculation	on of the change in bas	is and the	data that supports the calculat	ion, such as the market values of securitie	s and the	
valuation dates ► Bas	ed upon calculations	using reas	sonable assumptions, AROC	does not believe that it had any accum	ulated earnings	
and profits as of the end of	f 2015 and has determ	ined that	it has no current earnings an	d profits in 2016.	· · · · · · · · · · · · · · · · · · ·	

Pa	rt II	Organizational Action (continue	d)					
17			on(s) and subsection(s) upon which the tax	treatment is based ▶	301(c) and 316(a)			
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			•					
18	Can	any resulting loss be recognized? ► N/A	·					
10	Oan	arry resulting loss be recognized?						
			··					
19	Provid	de any other information necessary to impl	ement the adjustment, such as the reportal	ble tax year ► None				
-			······································					

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	Un	der populties of porium. I declare that I have ex-	amined this return, including accompanying sche	adulas and statements a	and to the heet of my knowledge, and			
			of preparer (other than officer) is based on all info					
Sigi	n		10					
	Here Signature ▶ (()							
		nt your name ► David S. Miller			esident/Chief Financial Officer			
Pai		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
	a pare				self-employed			
	only			F	Firm's EIN ▶			
		Firm's address ▶		F	Phone no.			
Send	Form	8937 (including accompanying statements) to: Department of the Treasury, Internal R	evenue Service, Ogde	n, UT 84201-0054			