FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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

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|---|---|--|---|--------------------------|---|--|---|------|-----------------------------------|--------|---|--|-------------------------|----------------------|------|--|---|--|---|--|--|--|
| 1. Name and Address of Reporting Person* GOODYEAR WILLIAM M | | | | | | 2. Issuer Name and Ticker or Trading Symbol Exterran Corp [EXTN] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | Exterior corp [Extra] | | | | | | | | | X | Direc | ctor | | 10% C | wner | | |
| (Last) (First) (Middle) 4444 BRITTMOORE RD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2018 | | | | | | | | | | | Offic belov | er (give title v) | | Other below) | (specify | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) HOUSTO | ON TX | ζ 7 | 77041 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | lly | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and 5) S B O | | 5. Amount of Securities Beneficially Owned Following Reported | | ship rect lirect 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | |
| Common Stock 08/09 | | | | | | 2018 | | | A ⁽¹⁾ | | 971 | | A ⁽¹⁾ | \$27. | 7.78 | | 6,142 | D | | | | |
| | | Та | | | | | | • | | | sed of, onvertib | | | • | / Ov | vned | | , | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, ay/Year) - | 4. Transaction Code (Instr. 8) | | | | 6. Date Expiration (Month/L | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of Title Share | | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Reporting person elected to receive a portion of his director compensation in Exterran Corporation common stock in lieu of cash pursuant to the Amended and Restated Directors' Stock and Deferral Plan.

Remarks:

<u>Valerie L. Banner, Attorney-in-</u> <u>08/10/2018</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.