

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 * <u>Frontier TopCo Partnership, L.P.</u> <hr/> (Last) (First) (Middle) C/O EQT PARTNERS 1114 AVENUE OF THE AMERICAS, 45TH FLOOR <hr/> (Street) NEW YORK NY 10036 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/28/2023	3. Issuer Name and Ticker or Trading Symbol <u>Kodiak Gas Services, Inc. [ KGS ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common stock	59,000,000	I	Held by Frontier TopCo Partnership, L.P. <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person \*  
Frontier TopCo Partnership, L.P.  


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 (Last) (First) (Middle)  
 C/O EQT PARTNERS  
 1114 AVENUE OF THE AMERICAS, 45TH FLOOR  


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 (Street)  
 NEW YORK NY 10036  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person \*  
EQT Fund Management S.a r.l.  


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 (Last) (First) (Middle)  
 51A, BOULEVARD ROYAL, LUXEMBOURG  


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 (Street)  
 GRAND DUCHY OF LUXEMBOURG N4 2449  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person \*  
Frontier Topco GP, LLC  


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 (Last) (First) (Middle)  
 C/O EQT PARTNERS  
 1114 AVENUE OF THE AMERICAS, 45TH FLOOR  


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 (Street)  
 NEW YORK NY 10036  


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 (City) (State) (Zip)

**Explanation of Responses:**

1. Consists of shares of common stock held directly by Frontier TopCo Partnership, L.P. ("Kodiak Holdings"). Frontier TopCo GP, LLC ("Frontier GP") is the general partner of Kodiak Holdings. EQT Infrastructure III SCSp ("EQT Infrastructure III") owns 100% of the membership interests in Frontier GP. EQT Fund Management S.a r.l. ("EFMS") has exclusive responsibility for the management and control of the business and affairs of investment vehicles which constitute the majority of the total commitments to EQT Infrastructure III. As such, EFMS has the power to control Frontier GP's voting and investment decisions and may be deemed to have beneficial ownership of the securities held by Kodiak Holdings.

**Remarks:**

This filing shall not be deemed an admission that the Reporting Persons are beneficial owners of all securities covered by this filing for purposes of Section 16 of the Exchange Act or otherwise, and each Reporting Person disclaims beneficial ownership of these securities, except to the extent of such Reporting Person's pecuniary interest therein, if any.

Frontier TopCo Partnership, L.P.  
By: Frontier TopCo GP, LLC, as  
its general partner, By: /s/ Joseph 06/28/2023  
Turley, Name: Joseph Turley,  
Title: Officer  
Frontier TopCo GP, LLC, By: /s/  
Joseph Turley, Name: Joseph 06/28/2023  
Turley, Title: Officer  
EQT Fund Management S.a r.l.  
By: /s/ Sara Huda, Name: Sara  
Huda, Title: Manager and /s/ 06/28/2023  
Joshua Stone, Name: Joshua  
Stone, Title: Manager

\*\* 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 5 (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.**