

 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934  
or Section 30(h) of the Investment Company Act of 1940

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

<p>1. Name and Address of Reporting Person *</p> <p><u>Frontier TopCo Partnership, L.P.</u></p> <hr/> <p>(Last) (First) (Middle)</p> <p><u>C/O EQT PARTNERS</u></p> <p><u>245 PARK AVENUE, 34TH FLOOR</u></p> <hr/> <p>(Street)</p> <p><u>NEW YORK</u> <u>NY</u> <u>10167</u></p> <hr/> <p>(City) (State) (Zip)</p>	<p>2. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p><u>Kodiak Gas Services, Inc.</u> [ <u>KGS</u> ]</p> <hr/> <p>3. Date of Earliest Transaction (Month/Day/Year)</p> <p><u>12/01/2025</u></p> <hr/> <p>4. If Amendment, Date of Original Filed (Month/Day/Year)</p>	<p>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p>Director <input checked="" type="checkbox"/> 10% Owner</p> <p>Officer (give title below) <input type="checkbox"/> Other (specify below)</p> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input type="checkbox"/> Form filed by One Reporting Person</p> <p><input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/01/2025		S		9,762,573	D	\$34.37 <sup>(1)</sup>	0	I	Held by Frontier TopCo Partnership, L.P. <sup>(2)</sup>

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person \*

<u>Frontier TopCo Partnership, L.P.</u>		
<hr/>		
(Last)	(First)	(Middle)
<u>C/O EQT PARTNERS</u>		
<u>245 PARK AVENUE, 34TH FLOOR</u>		
<hr/>		
(Street)		
<u>NEW YORK</u>	<u>NY</u>	<u>10167</u>
<hr/>		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person *		
<a href="#">EQT Fund Management S.a r.l.</a>		
(Last)	(First)	(Middle)
51A, BOULEVARD ROYAL, LUXEMBOURG		
(Street)		
GRAND DUCHY OF LUXEMBOURG	N4	2449
(City)	(State)	(Zip)

1. Name and Address of Reporting Person *		
<a href="#">Frontier Topco GP, LLC</a>		
(Last)	(First)	(Middle)
C/O EQT PARTNERS 245 PARK AVENUE, 34TH FLOOR		
(Street)		
NEW YORK	NY	10167
(City)	(State)	(Zip)

**Explanation of Responses:**

1. Consists of shares of common stock, par value \$0.01 per share, of the Issuer ("Common Stock") that were sold in an underwritten secondary offering (the "Offering") at a price to the public of \$34.60 per share. The Reporting Person received \$34.37 per share of Common Stock sold in the Offering, which is the public offering price less certain underwriting discounts.
2. 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") indirectly 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 any 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](#) [12/03/2025](#)  
[Turley, Name: Joseph Turley,](#)  
[Title: Officer](#)  
[Frontier TopCo GP, LLC, By: /s/](#)  
[Joseph Turley, Name: Joseph](#) [12/03/2025](#)  
[Turley, Title: Officer](#)  
[EQT Fund Management S.a r.l.](#)  
[By: /s/ Sara Huda, Name: Sara](#)  
[Huda, Title: Manager and /s/](#) [12/03/2025](#)  
[Patrik Burnas, Name: Patrik](#)  
[Burnas, 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 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.