

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>SCF Partners, Inc.</u> _____ (Last) (First) (Middle) 600 TRAVIS STREET SUITE 6600 _____ (Street) HOUSTON TX 77002 _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Select Energy Services, Inc. [WTTR]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Member of Group
	3. Date of Earliest Transaction (Month/Day/Year) 06/06/2022	
	4. 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 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			
Class A Common Stock	06/06/2022		J ⁽¹⁾		678,141	D	\$8.6	5,713,442	I	SCF-VI, L.P. ⁽²⁾
Class A Common Stock								6,374,474	I	SCF-VII, L.P. ⁽²⁾
Class A Common Stock								1,043,097	I	SCF-VII(A), L.P. ⁽²⁾

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					

1. Name and Address of Reporting Person* <u>SCF Partners, Inc.</u> _____ (Last) (First) (Middle) 600 TRAVIS STREET SUITE 6600 _____ (Street) HOUSTON TX 77002 _____ (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>SCF VII LP</u> _____ (Last) (First) (Middle) 600 TRAVIS, SUITE 6600 _____ (Street) HOUSTON TX 77002 _____ (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>SCF-VI, G.P., Limited Partnership</u> _____ (Last) (First) (Middle) 600 TRAVIS, SUITE 6600 _____ (City) (State) (Zip)

(Street)	HOUSTON	TX	77002
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
SCF-VII, L.P.			
(Last)	(First)	(Middle)	
600 TRAVIS, SUITE 6600			
(Street)	HOUSTON	TX	77002
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
SCF-VII, G.P., Limited Partnership			
(Last)	(First)	(Middle)	
600 TRAVIS, SUITE 6600			
(Street)	HOUSTON	TX	77002
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
SCF-VII(A), L.P.			
(Last)	(First)	(Middle)	
600 TRAVIS STREET SUITE 6600			
(Street)	HOUSTON	TX	77002
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
SCF-VII(A), G.P., Limited Partnership			
(Last)	(First)	(Middle)	
600 TRAVIS STREET SUITE 6600			
(Street)	HOUSTON	TX	77002
(City)	(State)	(Zip)	

Explanation of Responses:

1. Represents a transfer of direct ownership to certain limited partners of SCF-VI, L.P. (SCF-VI). Pursuant to the terms of its limited partnership agreement, dated July 15, 2005, SCF-VI was scheduled to expire. In connection therewith, certain of SCF-VI's limited partners elected to receive a pro rata distribution of SCF-VI's shares of the registrant's common stock. The remaining shares held by SCF-VI are held for the benefit of its limited partners who chose to extend the partnership life and leave their shares invested with SCF-VI. Following the distribution reported in this Form 4, SCF-VI, SCF-VII, L.P., a Delaware limited partnership (SCF-VII), and SCF-VII(A), L.P., a Delaware limited partnership (SCF-VIIA), in the aggregate own 13,809,154 shares of common stock.

2. SCF Partners, Inc. (formerly named LE Simmons & Associates Inc), a Delaware corporation (SCFP), manages each of SCFVI, GP, Limited Partnership (SCFVIGP), SCFVII, GP Limited Partnership (SCFVIIIGP) and SCF-VII(A), GP Limited Partnership (SCFVIIAGP), each of which are Delaware limited partnerships. Additionally, SCFVIGP is the sole general partner of SCF-VI, SCFVIIIGP is the sole general partner of SCF-VII, and SCF-VIIAGP is the sole general partner of SCF-VIIA. Collectively, SCFP, SCFVIGP, SCFVIIIGP, SCFVIIAGP, SCF-VI, SCF-VII and SCF-VIIA are the reporting entities. Based on the reporting person's affiliation with the reporting entities, SCFP may be deemed to beneficially own all of the shares of common stock of the registrant beneficially owned or deemed to be beneficially owned by the reporting entities.

Remarks:

[Anthony F. DeLuca/Officer of Reporting Person](#) [06/07/2022](#)
 ** 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.