FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |               |  |  |  |  |  |
|--------------------------|---------------|--|--|--|--|--|
| OMB Number:              | 3235-<br>0104 |  |  |  |  |  |
| Estimated average burden |               |  |  |  |  |  |
| hours per response:      | 0.5           |  |  |  |  |  |

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

| Bob Matthew Regis Requiring (Month/Da  |                                |             | 2. Date of E<br>Requiring S<br>(Month/Day<br>04/01/202                        | tatement<br>/Year)                        | 3. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]                            |                            |  |               |   |        |                                   |
|--|--------------------------------|-------------|---|---|---|----------------------------|--|---------------|---|--------|-----------------------------------|
| (Last) APA CORP  | (First)<br>ORATION<br>OAK BLVD | (Middle)    |   |   | 4. Relationship of Reporting Person(s) Issuer (Check all applicable)  X Director 10% Ow |                            | Owner  | File<br>6. Ir | If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing |        |                                   |
| (Street) HOUSTON (City)  |                                | 77056 (Zip) | -   |   |   | Officer (give title below) | Other<br>below)  | (specify      | (Ch   | Person | by One Reporting by More than One |
| Table I - Non-Derivative Securities Beneficially Owned   |                                |             |   |   |   |                            |  |               |   |        |                                   |
| 1. Title of Security (Instr. 4)  |                                |             |   | unt of Securities<br>cially Owned (Instr. |   |                            | 4. Nature of Indirect Beneficial<br>Ownership (Instr. 5) |               |   |        |                                   |
| Common Stock, par value \$0.625 per share  |                                |             |   |   | 29,634(1)   | I                          | D  |               |   |        |                                   |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                |             |   |   |   |                            |  |               |   |        |                                   |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year)                      |                                |             | 3. Title and Amount of Securit<br>Underlying Derivative Securit<br>(Instr. 4) |   |   |                            |  | ise Form:     | 6. Nature of Indirect Beneficial Ownership (Instr. 5)                                       |        |                                   |
|  |                                |             |   |   |   |                            | ecurity  | or Exer       | cise  |        | Ownership (Instr.                 |

## **Explanation of Responses:**

1. Represents the shares of common stock of APA Corporation ("APA") obtained by the holder as a result of the transactions contemplated by that certain Agreement and Plan of Merger, dated January 3, 2024, by and among APA, Callon Petroleum Company and Astro Comet Merger Sub Corp.

## Remarks:

Matthew Regis Bob 04/08/2024

\*\* 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.