## FORM 4

## UNITED STAT

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL								
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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.

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

Name and Address of Reporting Person*     McKay Lamar					2. Issuer Name <b>and</b> Ticker or Trading Symbol APA Corp [ APA ]						(Che	elationship o	able)	Perso	10% Ov	to Issuer 0% Owner Other (specify	
(Last) (First) (Middle) 2000 W SAM HOUSTON PARKWAY S SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024							below)	below)	респу			
(Street) HOUSTON TX 77042  (City) (State) (Zip)					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 Form filed by More than One Reporting Person					
		Та	ble I - Non-	Deriva	tive S	ecuriti	es Ac	quired, D	sposed o	f, or Ben	eficially	y Owned					
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date				Date	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amour Securities Beneficia Owned For Reported	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			(Instr. 4)			
	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)	Conversion Date Executor Exercise (Month/Day/Year) if any		3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	nsaction le (Instr.	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 derivative Securities Beneficiall Owned Following Reported	Owners Form: Direct ( or Indir	Ownership	Beneficial Ownership ct (Instr. 4)	
				Cod	ie V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	on(s)	5)			
Phantom Stock Units	\$0 <sup>(1)</sup>	09/30/2024		М		3,066		(2)	(2)	Common Stock	3,066	\$0	31,470	)	D		
Restricted Stock / Units	\$0 <sup>(3)</sup>	09/30/2024		A		3,066		09/30/2024 <sup>(4</sup>	(4)	Common Stock	3,066	\$0	3,066		D		

09/30/2024(5)

3,066

(5)

Common

## **Explanation of Responses:**

\$0<sup>(3)</sup>

1. One share of APA common stock for each phantom stock unit.

09/30/2024

- 2. Exempt acquisition pursuant to Rule 16b-3(d) accrued under the deferred compensation provisions of APA's Outside Directors Deferral Program.
- 3. One share of APA common stock for each restricted stock unit.
- 4. Restricted stock units granted to each of APA's non-employee directors under the 2016 Omnibus Compensation Plan which plan was approved by shareholders in May 2016.
- 5. Vesting of restricted stock units granted to each of APA's non-employee directors under the 2016 Omnibus Compensation Plan.

## Remarks:

Restricted

Stock / Units

10/01/2024 Raj Sharma, Attorney-in-Fact

3,066

\$<mark>0</mark>

0

D

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.