FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per reenonee	0.5								

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*  Ellis Juliet S					2. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 2000 POST OAK BLVD SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023						7	Officer (give title below)			Other (specifically below)	·			
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street)	ON T	X	77056									Form filed by More than One Reporting Person							
(C:b.)			(7: <sub>-</sub> )	— [R	Rule 10b5-1(c) Transaction Indication														
(City)	City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tal	ole I - Non-De	rivati	ve Se	curiti	es Ac	quire	d, Dis	posed o	f, or Ben	eficially	/ Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Cod	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)				5. Amoun Securities Beneficia Owned Fo	Form lly (D) o ollowing (I) (Ir		n: Direct I or Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code V Amount (A) or (D)				Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)		[	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)		5. Num Deriva Securi Acquir or Disp of (D) ( 3, 4 an	tive ties red (A) posed (Instr.	r of 6. Date Exerci Expiration Dat (Month/Day/Ye		te Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Phantom Stock Units	\$0.0 <sup>(1)</sup>	03/31/2023		М		1,386		(2)		(2)	(2) Common Stock		\$0	46,312		D			
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	03/31/2023		A		1,386		03/31/2023 <sup>(4)</sup>		03/31/2023 <sup>(4)</sup> (4)		(4)	Common Stock	1,386	\$0	1,386	1,386 D		
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	03/31/2023		М			1,386	03/31/2	023 <sup>(5)</sup>	(5)	Common Stock	1,386	\$0	0		D			

## **Explanation of Responses:**

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

04/03/2023 Raj Sharma, Attorney-in-Fact

\*\* 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.