FORM 4

UNITED STAT

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ES	SECU	JRITIES	S AND	EXCHANG	E COMMISSIO	Ν

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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

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

Instruc	tion 10.																		
1. Name and Address of Reporting Person* Ellis Juliet S						2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
EIIIS JU	met S										✓ Director			10% Ov	vner				
(Last) (First) (Middle) 2000 W SAM HOUSTON PARKWAY S					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024								Officer (give title Other (spe below) below)				specify		
		510IV TARK W	11 5	L															
SUITE 2	SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line		led by One	Panoi	rting Dereor	,		
HOUSTON TX 77042			77042										Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Та	ble I - Non-I	Derivati	ve Se	curiti	es Ac	quired,	Dis	posed of	, or Ben	eficially	y Owned						
1. Title of Security (Instr. 3)			D	. Transacti Jate Month/Day	Execution Date, h/Day/Year) if any		Execution Date,		ction nstr.				I and Securities Beneficially Owned Foll		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ction(s)			(Instr. 4)			
			Table II - De							osed of,			Owned						
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/Ye.	Code	action (Instr.	5. Number of Derivative		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 Beneficial Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisab	le	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Phantom Stock Units	\$0 ⁽¹⁾	09/30/2024		М		2,044		(2)		(2)	Common Stock	2,044	\$0	57,910	0	D			
Restricted Stock / Units	\$0 ⁽³⁾	09/30/2024		A		2,044		09/30/202	4 ⁽⁴⁾	(4)	Common Stock	2,044	\$0	2,044		D			
Restricted Stock / Units	\$0 ⁽³⁾	09/30/2024		М			2,044	09/30/202	4 ⁽⁵⁾	(5)	Common Stock	2,044	\$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:

10/01/2024 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.