FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number: 3235-0287									
l	Estimated average burden									
I	hours per response:	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* <u>Riney Stephen J</u>						2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 2000 POST OAK BLVD. SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023								Executive Vice Pres & CFO					
(Street) HOUSTON TX 77056					4. If Amendment, Date of Original Filed (Month/Day/Year)														
(S	tate)	(Zip)																	
		ble I - No	1						Dis	1			_		l	1.			
*` '					- 1	Execution Date,		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5	Securities Beneficia Owned Fo	s Illy ollowing	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	Transacti	on(s)					
Stock			01/03/	/03/2023				M ⁽¹⁾		12,379	A	\$0	\$0 28,			D			
Common Stock 01						/2023				4,872	,872 D \$		23,312		D				
Common Stock								M		8,253	A	(3)	31,						
Stock			01/03/	1/2023		D ⁽³⁾		8,253	D	\$43.62	23,	23,312							
Common Stock													110,	110,595		I	Lisa Riney 2016 Family Trust		
Common Stock													94,68	94,681.596		I	Held By Frustee of NQ Plan		
													Owned						
Conversion or Exercise Price of Derivative Date (Month/Day/Year) Executio if any (Month/D		Execution Dail	ate, Tra			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Da		ate	of Securities Underlying		8. Price of Derivative Security (Instr. 5)	derivativ Securitie Beneficia Owned Followin	e Over State of State	Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Co	de \	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)	ion(s)				
\$0.0 ⁽⁴⁾	01/03/2023		N	1			12,379	(1)		(1)	Common Stock	12,379	\$0	126,7	74	D			
\$0.0 ⁽³⁾	01/03/2023		M	1			8,253	(5)		(5)	Common Stock	8,253	\$0	118,5	21	D			
\$0.0 ⁽⁴⁾	01/04/2023		A			22,633		(7)		(7)	Common Stock	22,633	\$0	141,1	54	D			
Restricted Stock / Units (6) \$0.0(4) 01/04/2023			A			15,088		(8)		(8)	Common Stock	15,088	\$0	156,2	42	D			
	Stock	(First) ST OAK BLVD. 00 DN TX (State) Ta Security (Instr. 3) Stock Stock Stock Stock Stock Stock Stock Stock	(First) (Middle) ST OAK BLVD. ON TX 77056 (State) (Zip) Table I - Notecurity (Instr. 3) Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Sto	Citephen J Cit	Code Stock Stock	APA APA	APA Corp	APA Corp APA	APA Corp APA	APA Corp APA APA Corp APA APA Corp APA	APA Corp APA APA Corp APA APA Corp APA APA Corp APA APA Corp APA APA Corp APA APA Corp APA AP	APA Corp APA	APA Corp APA	APA Corp APA	APA Corp APA	APA Corp APA	APA Corp APA APA Corp APA Corp APA		

- 1. Vesting on 01/03/2023 of restricted stock units under the employer plan. Vesting occurs ratably over three years.
- 2. Shares withheld to cover required tax withholding on vesting of restricted stock.
- 3. Each restricted stock unit is the economic equivalent of one share of the Issuer's common stock and can only be settled in cash.
- 4. One share of APA common stock for each restricted stock unit.
- $5.\ Vesting\ on\ 01/03/2023\ of\ cash-based\ restricted\ stock\ units\ under\ employer\ plan.\ Vesting\ occurs\ ratably\ over\ three\ years.$
- 6. With tandem tax withholding right.
- $7.\ Restricted\ stock\ units\ granted\ 01/04/2023\ under\ employer\ plan.\ The\ units\ vests\ ratably\ over\ three\ years.$
- 8. Restricted stock units granted 01/04/2023 under employer plan. The units vests ratably over three years and may only be paid in cash.

Remarks:

- * 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.