FORM 4

UNITED STATES SECU

Washington, D.C. 20549

RITIES AND EXCHANGE COMMISSION

OMB APPROVAL								
OMB Number:	3235-0287							

	Check this box if no longer subject to
	Section 16. Form 4 or Form 5
ı	obligations may continue. See
	Instruction 1/h)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OIVID AFFROVAL											
OMB Number:	3235-0287										
Estimated average bu	ırden										
hours per response:	0.5										

1. Name and Address of Reporting Person* CHRISTMANN JOHN J					2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]							(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CHRISTWAINI JOHN J								-						V	Director			10% Ow		
(Last) (First) (Middle)					2. Date of Fadicat Transaction (Manth/Day/Man)								Officer (give title		Other (s below)	pecify			
(Last) (First) (Middle) 2000 W SAM HOUSTON PARKWAY S					3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024								CEO							
SUITE 200				L																
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi	6. Individual or Joint/Group Filing (Check Applicable							
(Street)	ON T	X	77042											- /	Form filed by One Reporting Person					
	JIV 1	A	77042													ed by Mor	e than	One Report	ing	
(City)	(S	State)	(Zip)		Person															
		Ta	able I - Non-	Derivat	ive S	ecuritie	s Ac	cquii	red, D	isp	osed c	of, or Be	ene	ficially	Owned					
Date				2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispose Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 ar					Form:	Direct Indirect str. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)				
									Code	,	Amount	(A) or (D)		Price	Transaction (Instr. 3 ar	tion(s)			(IIISU. 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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable at Expiration Date (Month/Day/Year)				7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	Νu	mount or umber of nares	nber of		tion(s)			
Phantom Stock Units ⁽¹⁾	\$0 ⁽¹⁾	11/22/2024		J		718.9676			(2)		(2)	Common Stock	71	18.9676	\$22.77	66,202	2.53	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 Deferred Delivery Plan.

Remarks:

11/25/2024 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.