SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287

	t if no longer subject to rm 4 or Form 5	FEMEN		CHANGES	S IN E	BEN	IEFICIAL	NERSH	אור או					
obligations ma Instruction 1(b	y continue. <i>See</i>).		Filed						34		hours	per response:	0.5	
1. Name and Address of Reporting Person [*] McKay Lamar							ding S	Symbol						
(Last) 2000 POST OA SUITE 100	(First) AK BLVD.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/22/2021							Officer (give below)	e title		
					nendment, Date of	(Month/Day/Y	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOUSTON	ТХ	77056								X		,	1 0	
(City)	(State)	(Zip)												
		Table I - Noi	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol APA Corp [APA] 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) X Form filed by More than One Reporting Person Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable) X Form filed by More than One Reporting Person Person Poerivative Securities Acquired, Disposed of, or Beneficially (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount (D) or Indirect (D) (Instr. 4) 6. Ownership Form: Direct (D) (Instr. 4)											
1. Title of Securit	Date			Execution Date, if any	Transa Code (Disposed Of (D) (Instr. 3,			Securities Beneficially Owned Follow	ecurities eneficially wned Following	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Transaction(s			(1130.4)
		Table II -	Derivati	ve Se	curities Acqui	red, C	Dispo	sed of, or	Bene	ficially C	Dwned			

(e.g., puts, calls, warrants, options, convertible securities)

(cigi, puls, balls, manants, 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. Transaction Code (Instr. 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Phantom Stock Units	\$0.0 ⁽¹⁾	11/22/2021		J		15		(2)	(2)	Common Stock	15	\$26.53	6,404	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.

Remarks:

Raj Sharma, Attorney-in-Fact 11/23/2021

** 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.