FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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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 Instruction 10

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

Instruct	uon 10.																	
1. Name and Address of Reporting Person* Henderson Tracey K				2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>11ender</u>	Son mace	<u> </u>						-					Directo			10% Ow	· I	
(Last) (First) (Middle)				Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)			pecify			
2000 W SAM HOUSTON PARKWAY S					01/09/2025						Executive VP Exploration							
SUITE 200																		
SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)						6 1	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					1. II / Wilding in the Compiler in the (World in Day Tear)							Line	Line)					
HOUST	ON T	X	77042											•		rting Persor	I	
											Form filed by More than One Reporting Person				ting			
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	Deriva	tive S	Securitie	s Ac	quired, E	Disp	osed o	f, or Be	neficial	y Owned					
1. Title of S	Security (Inst	tr. 3)		. Transac	tion	2A. Deem		3.		4. Securi	ties Acquire	d (A) or	5. Amou				7. Nature	
Date (Month			Date Month/Da	executio (ay/Year) if any		,	Code (Instr. 5)			osed Of (D) (Instr. 3,		Beneficia	ially (D) o		or Indirect	of Indirect Beneficial		
					(Month/Day/Year)		r) 8)					- Reported	ed			Ownership (Instr. 4)		
						Code	V	Amount	nt (A) or Pi			ansaction(s) estr. 3 and 4)						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(е	.g., pu	ts, ca	ills, warı	ants	, options	s, C	onvertil	ble secu	rities)						
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/Yea	Co	insactio			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (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)	Beneficial Ownership (Instr. 4)		
				\top		Ť		Т			Amount	-	` ′					
				Co	de V	(A)	(D)	Date Exercisable		xpiration ate	Title	or Number of Shares						
Restricted Stock / Units ⁽¹⁾	\$0 ⁽²⁾	01/09/2025		A		18,475		(3)		(3)	Common Stock	18,475	\$0	61,334		D		
Stock Option Grant	\$23.68	01/09/2025		A		46,004		(4)	0	1/09/2035	Common Stock	46,004	\$0	46,004		D		

Explanation of Responses:

- 1. With tandem tax withholding right.
- 2. One share of APA common stock for each restricted stock unit.
- 3. Restricted stock units granted 01/09/2025 under employer plan. The units vest equally over three years on 02/01/2026, 01/09/2027, and 01/09/2028.
- 4. Stock options granted 01/09/2025 under employer plan. The options become exercisable ratably over three years beginning 01/09/2026.

Remarks:

Raj Sharma Attorney-in-Fact 01/13/2025

** 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.