FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-028							
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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).

### 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

Name and Address of Reporting Person*     Rabun Daniel Wayne  (Last) (First) (Middle)				— 3. D	2. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]  3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023							(Che	eck all applic	give title		to Issu 0% Ow ther (spelow)	ner
2000 POST OAK BLVD. SUITE 100			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) HOUST	ON T	X	77056	- Ri	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication												ting
(City)	y) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Non-Der	ivative	Se	curiti	es Ac	quired, Di	sp	osed of	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			nsaction h/Day/Yea	Execution Da			Code (Inst					5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code V		Amount	(A) or (D)	Price	Transact	eported ansaction(s) nstr. 3 and 4)		Ι'	Instr. 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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			ransaction Derivative ode (Instr. Securities			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	Owr Fori Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	1(5)		
Phantom Stock Units	\$0 <sup>(1)</sup>	06/30/2023		М	1,463 (2) (2) Common Stock 1,463		\$0	68,844		D							
Restricted Stock / Units	\$0 <sup>(3)</sup>	06/30/2023		A		1,463		06/30/2023 <sup>(4)</sup>		(4) Common Stock 1,		1,463	\$0	1,463		D	
Restricted Stock / Units	\$0 <sup>(3)</sup>	06/30/2023		М			1,463	06/30/2023 <sup>(5)</sup>		(5)	Common Stock	1,463	\$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:

Raj Sharma, Attorney-in-Fact 07/03/2023

\*\* 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.