FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Vashington, | D.C. 20549 |
|-------------|------------|

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| 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>Bretches D. Clay</u> |   |  |  |         |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>APA Corp [ APA ]  |   |                  |                  |                                  |       |                                   |   |                |                    | eck all appli  | r   |   | 10% Ov   | ner  |
|--|---|--|--|---------|--|---|---|------------------|------------------|----------------------------------|-------|-----------------------------------|---|----------------|--------------------|--|---|---|--|--|
| (Last) (First) (Middle) 2000 POST OAK BLVD, STE 100              |   |  |  |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024   |   |                  |                  |                                  |       |                                   |   |                |                    | below)   |   | Other (below) Operations  |  | specity  |
| (Street) HOUST   | ON T  | X  | 77056  |         | - 4. lf                                | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |                  |                  |                                  |       |                                   |   |                |                    | Individual or Joint/Group Filing (Check Applicat Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |   |  |  |
| (City)   | (S  | tate)                                      | (Zip)  |         | Ru                                     | Rule 10b5-1(c) Transaction Indication  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. |   |                  |                  |                                  |       |                                   |   |                |                    |  |   |   |  |  |
|  |   |  | le I - No                                    |         |  | _   |   |                  | ÷                |                                  | Dis   |                                   |   |                |                    | ly Owned   |   |   |  |  |
|  |   |  |  | Date    | nsaction<br>h/Day/Year)                |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                  | ,                | 3.<br>Transactio<br>Code (Insti  |       | 4. Securi<br>Disposed<br>5)       | ities Acq<br>d Of (D) (   | iired<br>nstr. | (A) or<br>3, 4 and | Benefici   | es<br>ally<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of Indirect Beneficial Ownership (Instr. 4)              |
|  |   |  |  |         |  |   |   |                  |                  | Code                             | v     | Amount                            | (A)<br>(D)  | or             | Price              | Transac<br>(Instr. 3   | tion(s)   |   |  | (111501.4)   |
| Common Stock   |   |  |  | 02/0    | 1/2024                                 |   |   |                  |                  | M                                |       | 3,410                             | 6   | 1              | (1)                | 52   | ,712  | D   |  |  |
| Common Stock   |   |  | 02/0   | 01/2024 |  |   |   |                  | D <sup>(1)</sup> |                                  | 3,410 | 6 1                               | )   | \$30.          | 49,296             |  |   | D   |  |  |
| Common Stock   |   |  |  | 02/0    | 1/2024                                 |   |   |                  |                  | M <sup>(2)</sup>                 |       | 5,124                             | 4 A   |                | \$ <mark>0</mark>  | 54   | 1,420   |   | D  |  |
| Common Stock 02/01   |   |  |  | 1/2024  | /2024                                  |   |   | F <sup>(3)</sup> |                  |                                  | 2,017 | 7 ]                               | D \$30.8  |                | .8 52,403          |  | )3 D  |   |  |  |
|  |   | Т  | able II -                                    |         |  |   |   |                  |                  |                                  |       | osed of<br>onverti                |   |                |                    | Owned  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transaction<br>Code (Instr<br>8) |   |   |                  | Ex               | Date Exe<br>piration<br>onth/Day | Date  |                                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |                |                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>lly   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  | Code V  |  | v  |         |  |   |   |                  | xpiration<br>ate |                                  |       | mount<br>r<br>umber<br>f<br>hares |   |                |                    |  |   |   |  |  |
| Restricted<br>Stock /<br>Units <sup>(4)</sup>                    | \$0 <sup>(1)</sup>  | 02/01/2024                                 |  |         | M                                      |   |   | 3,416            |                  | (5)                              |       | (5)                               | Commo<br>Stock  | n 3            | 3,416              | \$0 <sup>(1)</sup>   | 115,46  | 2   | D  |  |
| Restricted<br>Stock /  | \$0 <sup>(6)</sup>  | 02/01/2024                                 |  |         | M                                      |   |   | 5,124            |                  | (2)                              |       | (2)                               | Commo   | n 5            | 5,124              | \$0  | 110,33  | 8   | D  |  |

## **Explanation of Responses:**

- 1. Each restricted stock unit is the economic equivalent of one share of the Issuer's common stock and can only be settled in cash.
- 2. Vesting on 02/01/2024 of restricted stock units under the employer plan. Vesting occurs ratably over three years.
- 3. Shares withheld to cover required tax withholding on vesting of restricted stock.
- 4. With tandem tax withholding right.
- 5. Vesting on 02/01/2024 of cash-based restricted stock units under employer plan. Vesting occurs ratably over three years.
- 6. One share of APA common stock for each restricted stock unit.

## Remarks:

Raj Sharma, Attorney-in-Fact 02/05/2024

\*\* 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.