SEC Form 4	
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## FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer					
Joung Chansoo					Corp [ APA ]				(Checl	k all applicable) Director	10% 0	Dwner				
(Last) 2000 POST OA	(First) AK BLVD.	(Middle)		3. Date ( 12/31/2	of Earliest Transac 2021	tion (Mo	onth/D	ay/Year)		Officer (give title below)	Other below	(specify )				
SUITE 100					endment, Date of C	Driginal	Filed	(Month/Day/Ye	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable						
(Street) HOUSTON	ТХ	77056								X	Form filed by One Form filed by Mor Person	1 0				
(City)	(State)	(Zip)														
		Table I - No	n-Derivati	ive Se	ecurities Acq	uired,	Dis	posed of, c	or Bene	ficially	Owned					
Date			2. Transactic Date (Month/Day/	/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
		Tabla II	Devision			und F			Dawaf		u u a a al					

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., puis, cans, 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)	4. Transa Code ( 8)		5. Nun Deriva Securi Acquir or Dis of (D) 3, 4 an	tive ties ed (A) oosed Instr.	6. Date Exerci Expiration Dat (Month/Day/Ye	e	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)	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		(Instr. 4)		
Phantom Stock Units	\$0.0 <sup>(1)</sup>	12/31/2021		М		1,859		(2)	(2)	Common Stock	1,859	\$0	62,759	D	
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	12/31/2021		A		1,859		12/31/2021 <sup>(4)</sup>	(4)	Common Stock	1,859	\$0	1,859	D	
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	12/31/2021		М			1,859	12/31/2021 <sup>(5)</sup>	(5)	Common Stock	1,859	\$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

01/03/2022

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.

\*\* Signature of Reporting Person

Date