FORM 4

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

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

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bu	ırden								
ı	haura nor roonanas:	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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
McKay Lamar					Director									Director		10% Owner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023								Officer ( below)	give title		Other (s below)	pecify	
2000 POST OAK BLVD, STE 100					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(0)(1)													)	X Form filed by One Reporting Person					
(Street) HOUSTON TX 77056												Form filed by More than One Reporting Person							
(City) (State) (Zip)				R	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.														
		Та	ble I - Nor	ı-Deri	vativ	re Se	curiti	es Ac	quired,	Dis	posed of	, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3)  2. Transc Date (Month/L					Execution Date,		Code (Instr.   5)				5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	ount (A) or (D)		Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II -								osed of,			Owned					
				<u> </u>		, cai	·								1				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Ye Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	ate, Tr	Transa Code (l		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		e Amount of		f G Security	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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Phantom Stock Units	\$0 <sup>(1)</sup>	12/31/2023			М		2,089		(2)		(2)	Common Stock	2,089	\$0	23,023	3	D		
Restricted Stock / Units	\$0 <sup>(3)</sup>	12/31/2023			Α		2,089		12/31/202	23 <sup>(4)</sup>	(4)	Common Stock	2,089	\$0	2,089		D		
Restricted Stock / Units	\$0 <sup>(3)</sup>	12/31/2023			M			2,089	12/31/202	23 <sup>(5)</sup>	(5)	Common Stock	2,089	\$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:

01/03/2024 Raj Sharma, Attorney-in-Fact

\*\* 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.