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 burden									
houre per reenonee	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

Name and Address of Reporting Person*     McKay Lamar					2. Issuer Name <b>and</b> Ticker or Trading Symbol APA Corp [ APA ]								(Ch	eck all application	able)	g Person(s) to Issue		ner	
(Last) 2000 PO SUITE 1	ST OAK B	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021								officer below)	(give title	Other (s below)		pecify	
SOITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ON T	X	77056												led by More		rting Person One Report		
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Dat			2. Transa Date (Month/D			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securities Beneficia Owned For Reported	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	ount (A) or (D)		Transacti (Instr. 3 a	on(s)			(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Co	insactio	on De tr. Se Ac or of	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative (Instr. 3 and	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Co	de V	(A	A)	(D)	Date Exercisable		expiration Pate	Title	Amount or Number of Shares	1	(Instr. 4)	J.II(3)			
Phantom Stock Units	\$0.0 <sup>(1)</sup>	12/31/2021		N	1	1,	,859		(2)		(2)	Common Stock	1,859	\$0	8,263	3	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		N	1			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:

01/03/2022 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.