FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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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).

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* Bretches D. Clay						2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]										(Che	ck all applic	,		son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 2000 POST OAK BLVD. SUITE 100					02/	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023											Exec. VP, Operations					
(Street) HOUSTON TX 77056					_ 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	•	(Zip)	. Davis				: A -			•		٠	D	e :	.:						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					saction	ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)			nsacti le (Ins	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)) or 5. Amo 4 and Securit Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
												Amount		(A) or (D)	Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/01/						3						4,887	7	Α		(1)	40	40,231		D		
Common Stock 02/0					1/2023	3)		4,887	7	D	\$	43.4	35	5,344		D		
Common Stock 02/01/					1/2023	1/2023				2)		7,331	1	A		\$ <mark>0</mark>	42	42,675		D		
Common Stock 02/01/2					1/2023	./2023)		2,885	5	D	\$43.4		39,790			D		
		Т	able II -								•	sed of	,			•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date	6. Date Exercisa Expiration Date Month/Day/Yea		ble and 7. Ar Se Ur		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		rity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e O s Fe lly O o (i)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	able		xpiration ate	Title	e	Amor or Numl of Share	ber						
Restricted Stock / Units ⁽⁴⁾	\$0.0 ⁽¹⁾	02/01/2023			M			4,887	(5			(5)		mmon tock	4,88	87	\$0 ⁽¹⁾	114,06	55	D		

(2)

7,331

Explanation of Responses:

\$0.0⁽⁶⁾

- 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.
- $2.\ Vesting\ on\ 02/01/2023\ of\ restricted\ stock\ units\ under\ the\ employer\ plan.\ Vesting\ occurs\ ratably\ over\ three\ years.$
- 3. Shares withheld to cover required tax withholding on vesting of restricted stock.

02/01/2023

- 4. With tandem tax withholding right.
- 5. Vesting on 02/01/2023 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:

Restricted

Stock

Units(4)

Raj Sharma, Attorney-in-Fact 02/03/2023

\$0

106.734

** Signature of Reporting Person Date

Commo

7,331

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.