## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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		\A/ I-		20540	

OMB APPROVAL

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

IIISUUC	uon ro.														
Name and Address of Reporting Person*     CHRISTMANN JOHN J					2. Issuer Name <b>and</b> Ticker or Trading Symbol APA Corp APA				(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CHKIS	IIVIAININ	JOHN J						-			· ·	Director	r	10%	Owner
				— L								Officer (below)	(give title	Oth belo	er (specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2025						– below)	CE		w)	
2000 W SAM HOUSTON PARKWAY S					01/09/2023								CE	.0	
SUITE 2	.00			L											
				4	. If Am	endment, [	Date (	of Original File	ed (Month/E	ay/Year)			oint/Group F	iling (Check	Applicable
(Street)											Line		lad by Ona [	Donartina Da	
HOUST	ON T	X	77042								N.	_	•	Reporting Pe than One Re	
												Person		than One Re	porting
(City)	(S	state)	(Zip)												
		Ta	ble I - Non-I	Derivati	vo Se	curitio	s Δ c	auired D	iennead	of or Be	neficially	Owned			
								<del>-</del>	<del>-</del>						T=
1. Title of Security (Instr. 3) 2. Transa Date					Execution Date, Transaction Disposed Of (D) (Instr. 3,				ed (A) or str. 3, 4 and 5	4 and 5) Securities Form: Direct			7. Nature of Indirect		
(Month/I					Day/Year) if any (Month/Day/Yea			Code (Instr. ar) 8)				Beneficia Owned Fo		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership
						•	` <del>  `                                  </del>	_	(A) o	,	Reported Transacti		,,,	(Instr. 4)	
								Code V	Amoun	t (D)	Price	(Instr. 3 a			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned														
								s, options							
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exerc	isable and	7. Title an	d Amount	8. Price of	9. Number	of 10.	11. Natu
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				, Trans Code	action	Derivative Securities		Expiration Date of Securities (Month/Day/Year) Underlying			Derivative Security	derivative Securities	Owner Form:	hip of Indire	
(Instr. 3)	(Instr. 3) Price of (Month/Day/Year)				Acquired (A) Derivative Secu					Security	(Instr. 5)	Beneficially	y Direct	D) Owners	
	Derivative Security			or Disposed (Instr. 3 and 4)					nd 4)		Owned Following	or Indi			
							3, 4 and 5)						Reported Transaction	n(s)	
											Amount or		(Instr. 4)		
				Code	l <sub>v</sub>	(4)		Date	Expiration Date	Title	Number of Shares				
_				Code	\ <u>'</u>	(A)	(D)	Exercisable	Date	Title	or Snares			_	
Restricted Stock /	\$0 <sup>(2)</sup>	01/09/2025		A		80,152		(3)	(3)	Common	80,152	\$0	216,376	5 D	
Units <sup>(1)</sup>						1 1,7 1				Stock	,				
Stock					1					Common	400				
Option Grant	\$23.68	01/09/2025		A		199,579		(4)	01/09/2035	Stock	199,579	\$0	199,579	) D	

## Explanation of Responses:

- 1. With tandem tax withholding right.
- 2. One share of APA common stock for each restricted stock unit.
- 3. Restricted stock units granted 01/09/2025 under employer plan. The units vest equally over three years on 02/01/2026, 01/09/2027, and 01/09/2028.
- $4. Stock options \ granted \ 01/09/2025 \ under \ employer \ plan. \ The \ options \ become \ exercisable \ ratably \ over \ three \ years \ beginning \ 01/09/2026.$

## Remarks:

Raj Sharma, Attorney-in-Fact

\*\* Signature of Reporting Person

01/13/2025

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.