FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20540
vvasiiiigtoii,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-										
	Estimated average burden										
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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*  Henderson Tracey K					_ <u>Al</u>	2. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne  X Officer (give title Other (spe				
(Last) 2000 PO	(Fi ST OAK B	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024						Executive VP Exploration						
SUITE 100				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) HOUSTO	ON T	X	77056											_	led by More		•	I
(City) (State) (Zip)					Rı	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.											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)  5)			ed (A) or tr. 3, 4 and	5. Amou Securitie Beneficia Owned F Reported	es For ally (D) Following (I) (	Form: (D) or	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code				Am	nount	(A) or (D)	Price	Transact (Instr. 3	ion(s)			(111341. 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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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((Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable	Expira Date		Title	Amount or Number of Shares					
Restricted Stock / Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	01/08/2024			A		15,564		(3)	(3	3)	Common Stock	15,564	\$0	69,532		D	
Restricted Stock / Units <sup>(1)</sup>	\$0 <sup>(2)</sup>	01/08/2024			A		10,376		(4)	(4	4)	Common Stock	10,376	\$0	79,908		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 01/08/2024 under employer plan. The units vests ratably over three years.
- 4. Restricted stock units granted on 01/08/2024 under employer plan. The units vest ratably over three years and may only be paid in cash.

## Remarks:

Raj Sharma, Attorney-in-Fact 01/09/2024

\*\* 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.