FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	OMB APPROVAL								
	OMB Number:	3235-0287							
-	Estimated average I	ourden							

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Bay Annell R						2. Issuer Name and Ticker or Trading Symbol APA Corp [APA]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023								7		give title		Other (s below)		
2000 POST OAK BLVD. SUITE 100					4. If A	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)	ON T	X	77056											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da					Execution Date,		Transaction Dis		Dispos	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Beneficia Owned F	es Form ally (D) o Following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amoun	Amount (A) or (D)		Price		ansaction(s) astr. 3 and 4)			(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)	ivative Conversion Date Execution Date, Turity or Exercise (Month/Day/Year) if any C		ransacti ode (Ins	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year) S			Amo Seci Und Deri	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(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				c	ode	v	(A)	(D)	Date Exercisa	ble	Expiration Date	n Title		Amount or Number of Shares	nount (Insti		(0)			
Phantom Stock Units	\$0 ⁽¹⁾	06/30/2023		М			1,463		(2)		(2)		nmon ock	1,463	\$0	72,123		D		
Restricted Stock / Units	\$0 ⁽³⁾	06/30/2023			A		1,463		06/30/20	23 ⁽⁴⁾	(4)		nmon ock	1,463	\$0	1,463		D		
Restricted Stock / Units	\$0 ⁽³⁾	06/30/2023			М			1,463	06/30/20	23 ⁽⁵⁾	(5)		nmon ock	1,463	\$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:

07/03/2023 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.