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								
- 1	haura nor roonanas	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

1. Name and Address of Reporting Person*  Bay Annell R				A	2. Issuer Name and Ticker or Trading Symbol APA Corp [ APA ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023					below)	give title	Other ( below)	specify		
2000 POST OAK BLVD SUITE 100				4.	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		Dula 40h5 4(a) Transa (ii da ii di						Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)				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. Transa Date (Month/D				Execution Date,		3. Transaction Code (Instr. 8)	Disposed	es Acquired Of (D) (Instr		5. Amoun Securities Beneficia Owned Fo	s For ally (D) ollowing (I) (	Ownership orm: Direct O) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 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)	erivative curity or Exercise nstr. 3)  Date (Month/Day/Year)  Derivative Security  Date (Month/Day/Year)  I Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Security		Transa Code (	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(5)	
Phantom Stock Units	\$0.0 <sup>(1)</sup>	03/31/2023		M		1,386		(2)	(2)	Common Stock	1,386	\$0	70,136	D	
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	03/31/2023		A		1,386		03/31/2023 <sup>(4)</sup>	(4)	Common Stock	1,386	\$0	1,386	D	
Restricted Stock / Units	\$0.0 <sup>(3)</sup>	03/31/2023		M			1,386	03/31/2023 <sup>(5)</sup>	(5)	Common Stock	1,386	\$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:

04/03/2023 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.