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(City)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 chilactions may continue. Sec

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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 [*] Shendelman Shoshana	2. Issuer Name and Ticker or Trading Symbol <u>Applied Therapeutics Inc.</u> [APLT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner
(Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC. 545 FIFTH AVENUE, SUITE 1400	3. Date of Earliest Transaction (Month/Day/Year) 10/14/2022	X Officer (give title Other (specify below) below) President and CEO
(Street) NEW YORK NY 10017	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Tab	Table 1- Holl-Bernative decarries Acquired, Disposed of, of Berenelary Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common Stock	10/14/2022		P ⁽¹⁾		50,000	Α	\$0.645(2)	767,495	D				
Common Stock								1,750,000	Ι	See footnote ⁽³⁾			
Common Stock								1,492,094	Ι	See footnote ⁽⁴⁾			
Common Stock								709,720	Ι	See footnote ⁽⁵⁾			
Common Stock								290,280	Ι	See footnote ⁽⁶⁾			
Common Stock								88,397	Ι	See footnote ⁽⁷⁾			

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed) r. 3, 4	Expiration Date (Month/Day/Year)		e Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These shares were purchased by Dr. Shendelman in multiple transactions.

2. Weighted average price. These shares were purchased by Dr. Shendelman in multiple transactions at prices ranging from \$0.6005 to \$0.665 inclusive. The reporting person undertakes to provide the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

- 3. Through a grantor retained annuity trust.
- 4. Through a family trust controlled by the reporting person's spouse.
- 5. Through the reporting person's spouse.
- 6. Through a family trust controlled by the reporting person.
- 7. Through Clearpoint Strategy Group LLC of which the reporting person is the sole owner.

Remarks:

/s/ Shoshana Shendelman

** Signature of Reporting Person

n Date

10/14/2022

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.