FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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* Shendelman Shoshana						2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics Inc. [APLT]									Check all	applicable) irector			o Owner	
(Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC. 340 MADISON AVENUE, 19TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019										X Officer (give title below) Other (specify below) President and CEO				
(Street) NEW YO (City)			.0173 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X F	al or Joint/Group Filing (Check Applicable 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																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8)						nd Se Be Ov	Amount of curities neficially ned Follow ported	F	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	of Indirect			
									Code	v	Amount	Amount (A)		Price	Tra	Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock 05/16/2				5/2019	2019		P		125,000		A	\$1	.0	3,605,662	605,662					
Common Stock															1,270,717		I	By Family Trust		
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)	rivative Conversion Date Execution Date, Trai curity or Exercise (Month/Day/Year) if any Cod				Transa Code (s. Number of of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5	ve derivat Securit Benefic Owned Follow Report Transa		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	nber						

Explanation of Responses:

Remarks:

/s/ Jason Minio, Attorney-in-05/20/2019

Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).