FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIA | L OWNERSHIP |
|-----------|------------|--------------|-------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse: | 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

| | | | | | | _ | _ | | | _ | | | | _ | | | _ | | | |
|--|--|------------------------|----------------|-----------------------------------|--|---|-----------|--|--|---------------|---------------------------------|--|---|---|--|------------|---|--------------|------------------------------------|--|
| Name and Address of Reporting Person* Funtleyder Leslie D. | | | | | 2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics Inc. [APLT] | | | | | | | | 5. Relationship of Reporting Per (Check all applicable) X Director | | | | on(s) to Issu | | | |
| | | | | | | | | | | | | | | Λ | | | | | | |
| (Last) | ` | irst) ERAPEUTICS, I | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2020 | | | | | | | | | Officer (give title below) Other (s | | | | specify | |
| | | | | | L | | | | | | | | | | | | | | | |
| 545 FIFTH AVENUE, SUITE 1400 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form file | ed by One | Repo | rting Persor | , | |
| NEW YO | ORK N | Y | 10017 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | State) | (Zip) | | _ | | | | | | | | | | 7 613011 | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, y/Year) if any | | Transaction Disposed Of (Code (Instr. | | s Acquired (A) or If (D) (Instr. 3, 4 and 5) | | | 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 08/21/2 | | | | 1/2020 | 2020 | | M | | 20,000(1) | D | \$4. | 7 | 37,148 | | D | | | | | |
| Common Stock 08/24/2 | | | 4/2020 | 020 | | S | | 13,539 ⁽²⁾ | D | \$23.42(3) | | 23,609 | | | D | | | | | |
| Common Stock 08/24/2 | | | 4/2020 | 2020 | | S | | 6,461 ⁽²⁾ A S | | \$24.1 | 8(4) | 17,148 | | D | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | _ | l | T | | | , | _ | | | | | 1 | | | 1 | | , 1 | | 1 | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | Execution Date | Date, | | saction le (Instr. Securities Acquired (A or Disposed of (D) (Instr. 4 and 5) | | ivative urities uired (A) Disposed D) (Instr. 3, | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ate | 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | Derivati Security | | | Ownersi Form: Direct (I or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | r | | (Instr. 4) | onioj | | | |
| Stock Option (Right to Buy) | \$4.7 | 08/21/2020 | | | М | | 20,000(1) | | (5) |) | 03/06/2029 | Common Stock | 20,00 |),000 \$0.00 | | 70,502 | | D | | |

Explanation of Responses:

- 1. Compensatory options granted under Applied Therapeutics, Inc.'s 2016 Equity Incentive Plan, exercised pursuant to the reporting person's written trading plan, providing for the sale of shares underlying compensatory options in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- 2. Sales made pursuant to the reporting person's written trading plan, providing for the sale of shares underlying compensatory options in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as
- 3. Weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.9400 to \$23.8600 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.
- 4. Weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.9700 to \$24.4100 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.
- 5. These options became fully vested on May 28, 2019.

Remarks:

<u>/s/ Shoshana Shendelman as attorney-in-fact</u>

08/25/2020

** 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.