FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
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	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\Box	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

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1. Name ar Funtley	2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics Inc. [APLT]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>r unite</u> j		•								$\dashv x$	X Director		10% Ow		vner				
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023											Other (s below)	specify
C/O APF	Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
545 FIFTH AVENUE, SUITE 1400						4. II Amendment, Date of Original Filed (Month/Day/Year)							Line)	Line)					
,											X Form filed by One Reporting Person								
(Street) NEW Y(treet) IEW YORK NY 10017													Form filed by More than One Reporting Person					
					Rule 10b5-1(c) Transaction Indication														
										tion ina	icat								
(City)	(City) (State) (Zip)				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	l - No	n-Deriva	tive Se	cui	ities	Acq	uired,	Dis	posed of	, or	Ben	eficial	ly Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution D			ate,	3. Transaction Code (Instr. 8) 4. Securitie Disposed 6 5)		es Acquired (A) Of (D) (Instr. 3,		(A) or 3, 4 and	5. Amo Securi Benefi Owned Follow	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	() or ()	Price	Repor Transa				
Common Stock 06/06/20						:023			A		20,000 ⁽¹⁾ A		A	\$0.00	37,148			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
				(e.g., pu	ts, cai	IS, V	varra	ants,	option	ıs, c	onvertib	le se	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)	
				Code		v	(A)	(D)	Date Expiration		Expiration Date	Title	or Num of	.					

Explanation of Responses:

1. Consists of compensatory Restricted Stock Units granted under Applied Therapeutics, Inc.'s 2019 Equity Incentive Plan. Each compensatory Restricted Stock Unit represents a contingent right to receive one share of the issuer's common stock. One-fourth (1/4th) of the Restricted Stock Units shall vest on each of September 6, 2023, December 6, 2023, March 6, 2024 and the date which is the earlier of June 6, 2024 and the 2024 annual stockholder meeting, subject to the Reporting Person continuing to provide services through each such date.

Remarks:

/s/ Shoshana Shendelman, as attorney-in-fact
** Signature of Reporting Person

06/08/2023

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.