SEC For	m 4																		
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549													SION				
Section 16. Form 4 or Form 5 obligations may continue. See					ed pur	T OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Hansard Adam						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Applied Therapeutics Inc.</u> [ APLT ]								Relationship leck all applic Directo	cable)	ig Persi	on(s) to Issu 10% Ow Other (s	ner	
(Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC. 545 5TH AVENUE, SUITE 1400						3. Date of Earliest Transaction (Month/Day/Year) 01/07/2022									below) below) below) Chief Commercial Officer				
(Street) NEW YORK NY 10017					_ 4.1	Line) X Form filed by On									up Filing (Check Applicable One Reporting Person Nore than One Reporting				
(City)	(S	,	(Zip)	-Deriv	vativ		curition	= A c	quired	Die	nosed o	f or Be	neficial						
Table I - Non-Deriva   1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					action	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		red (A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form	Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount (A) (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		<u> </u>		insu. 4)	
Common Stock 01/07/								A	A		31,700 <sup>(1)</sup> A S						D		
											convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisat Expiration Date (Month/Day/Year)		of Securities		ities ng e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Ily J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares	ber					
Employee Stock Option (Right to Buy)	\$4.17	01/07/2022			A		21,100		(2)	(	01/07/2032	Common Stock	21,100	\$0.00	21,10	0	D		

## 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 compensatory Restricted Stock Units shall vest on January 7, 2023, and one-twelfth (1/12th) of the remaining shares subject to the compensatory Restricted Stock Units shall vest each quarter thereafter, subject to the Reporting Person continuing to provide services through each such date.

2. Consists of compensatory Options granted under Applied Therapeutics, Inc.'s 2019 Equity Incentive Plan. One-fourth (1/4th) of the shares subject to the compensatory Option shall vest on January 7, 2023, and one thirty-sixth (1/36th) of the remaining shares subject to the compensatory Option shall vest each month thereafter, subject to the Reporting Person continuing to provide services through each such date. **Remarks:** 

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

01/11/2022

\*\* 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.