The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549
FORM D

OMB APPROVAL OMB Number: 3235-0076 Estimated average burden hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity				
CIK (Filer ID Number)	Previous Names	X None	Entity Type	
0001697532			X Corporation	
Name of Issuer			Limited Partnership	
Applied Therapeutics Inc.			Limited Liability Company	
Jurisdiction of Incorporation/Org	ganization		General Partnership	
DELAWARE			Business Trust	
Year of Incorporation/Organizat	ion		Other (Specify)	
X Over Five Years Ago				
Within Last Five Years (Spe	ecify Year)			
Yet to Be Formed				
2. Principal Place of Business	and Contact Information			
Name of Issuer				
Applied Therapeutics Inc.				
Street Address 1		Street Address 2		
545 FIFTH AVENUE, SUITE 140	0			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer	
NEW YORK	NEW YORK	10017	212-220-9319	
3. Related Persons				
Last Name	First Name		Middle Name	
Shendelman	Shoshana		Middle Name	
Street Address 1	Street Address 2			
545 Fifth Avenue, Suite 1400				
City	State/Province/Co	ountry	ZIP/PostalCode	
New York	NEW YORK	•	10017	
Relationship: X Executive Offi	cer X Director Promoter			
Clarification of Response (if Neo	cessary):			
President, CEO and Chair of the Bo	oard of Directors			
Last Name	First Name		Middle Name	
Perfetti	Riccardo			
Street Address 1	Street Address 2			
545 Fifth Avenue, Suite 1400				
City	State/Province/Co	ountry	ZIP/PostalCode	
New York	NEW YORK		10017	
Relationship: X Executive Offi	cer Director Promoter			
Clarification of Response (if Neo	cessary):			
Chief Medical Officer				
Last Name	First Name		Middle Name	
Hansard	Adam			
Street Address 1	Street Address 2			
545 Fifth Avenue, Suite 1400				
City	State/Province/Co	ountry	ZIP/PostalCode	
New York	NEW YORK		10017	

Relationship: X Executive Officer Direction	ector Promoter		
Clarification of Response (if Necessary):			
Chief Commercial Officer			
Last Name	First Name	Middle Name	
Funtleyder	Les		
Street Address 1	Street Address 2		
545 Fifth Avenue, Suite 1400			
City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10017	
_		10017	
Relationship: Executive Officer X Direction	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Kanter	Stacy	J.	
Street Address 1	Street Address 2		
545 Fifth Avenue, Suite 1400	0.0007 (0.000 =		
City	State/Province/Country	ZIP/PostalCode	
-	•		
New York	NEW YORK	10017	
Relationship: Executive Officer X Direction	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
	Teena	Middle Name	
Lerner			
Street Address 1	Street Address 2		
545 Fifth Avenue, Suite 1400			
City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10017	
Relationship: Executive Officer X Dire	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Marcus	Joel	S.	
Street Address 1	Street Address 2		
545 Fifth Avenue, Suite 1400			
City	State/Province/Country	ZIP/PostalCode	
-	•		
New York	NEW YORK	10017	
Relationship: Executive Officer X Direction	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Skyler	Jay	S.	
	•	5.	
Street Address 1	Street Address 2		
545 Fifth Avenue, Suite 1400			
City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10017	
Relationship: Executive Officer X Dire	ector Promoter		
Clarification of Response (if Necessary):			
4. Industry Group			
Agriculture	Health Care	Retailing	
Banking & Financial Services	X Biotechnology	Restaurants	
Commercial Banking	Health Insurance		
Insurance		Technology	
Investing	Hospitals & Physicians	Computers	
	Pharmaceuticals		

Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No Other Banking & Financial Services Business Services Energy	Other Health Care Manufacturing Real Estate Commercial Construction REITS & Finance Residential	☐ Telecommunications ☐ Other Technology Travel ☐ Airlines & Airports ☐ Lodging & Conventions ☐ Tourism & Travel Services ☐ Other Travel ☐ Other
Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas Other Energy	Other Real Estate	
Revenue Range OR No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 X Decline to Disclose Not Applicable	Aggregate Net Asse No Aggregate Net \$1 - \$5,000,000 \$5,000,001 - \$25 \$25,000,001 - \$5 \$50,000,001 - \$1 Over \$100,000,0 Decline to Disclot Not Applicable	et Asset Value ,000,000 0,000,000 00,000,000
6. Federal Exemption(s) and Exclusion(s) C	aimed (select all that ap	ply)
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5)	Investment Co Section 3(c)(1 Section 3(c)(2 Section 3(c)(3 Section 3(c)(4 Section 3(c)(5 Section 3(c)(6 Section 3(c)(7	Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14)
7. Type of Filing		
X New Notice Date of First Sale 2023-04-23 Amendment	First Sale Yet to Occu	г
8. Duration of Offering		
Does the Issuer intend this offering to last mor		X No
9. Type(s) of Securities Offered (select all th	at apply)	
X Equity Debt X Option, Warrant or Other Right to Acquire A Security to be Acquired Upon Exercise of C Right to Acquire Security		Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (describe)

10. Business Combination Transaction				
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?				
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside investor \$0 US	D			
12. Sales Compensation				
Recipient	Recipient CRD Number None			
SVB Securities LLC	39011			
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None			
None	None			
Street Address 1 1301 Avenue of the Americas, 12th Floor	Street Address 2			
City New York	State/Province/Country NEW YORK	ZIP/Postal Code		
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US			
CALIFORNIA ILLINOIS MARYLAND MASSACHUSETTS NEW YORK				
Recipient	Recipient CRD Number None			
UBS Securities LLC	7654			
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None			
None Street Address 1	None Street Address 2			
1285 Avenue of the Americas	Sileet Address 2			
City	State/Province/Country	ZIP/Postal Code		
New York	NEW YORK	10019		
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US			
CALIFORNIA ILLINOIS MARYLAND				
MASSACHUSETTS NEW YORK				
13. Offering and Sales Amounts				
Total Offering Amount \$30,000,002 USD or Indefinite				
Total Amount Sold \$30,000,002 USD				
Total Remaining to be Sold \$0 USD or Indefinite				
Clarification of Response (if Necessary):				
14. Investors				
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited				
investors, enter the total number of investors who already have invested in the offering: 5. Sales Commissions & Finder's Fees Expenses				

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$2,100,000 USD X Estimate
Finders' Fees \$0 USD Estimate
Clarification of Response (if Necessary):
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.
\$0 USD Estimate

Signature and Submission

Clarification of Response (if Necessary):

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Applied Therapeutics Inc.	/s/ Shoshana Shendelman	Shoshana Shendelman	Chief Executive Officer	2023-05-05

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.

^{*} This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.