SEC For	rm 4 FORM	А	UNITE) STA	TES	s si	ECU	IRITI	ES AN	DI	ЕХСНА	NGE	CON	MMIS	SSION					
					STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549											(OMB APPROVAL		VAL	
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNE ad pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									ERS	HIP	Estima	OMB Number: 3233 Estimated average burden hours per response:		3235-0287 n 0.5	
		*			_							t of 1940		E D	alationabin	of Doporting	a Doro	on(a) to log		
1. Name and Address of Reporting Person [®] <u>MARCUS JOEL S</u>						2. Issuer Name and Ticker or Trading Symbol <u>Applied Therapeutics Inc.</u> [APLT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2022									Officer (give title Other (specify below) below)						
545 FIFTH AVENUE, SUITE 1400															dividual or J)	loint/Group	Filing	(Check App	plicable	
(Street) NEW YORK NY 10017														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S																			
		Tab	ole I - Nor						-	, Di	-									
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. De Execu if any (Mont	Code		n Dispose	ities Acquired (A) d Of (D) (Instr. 3, 4		4 and Securitie Benefici		es ally ^c ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D) Pr		rice	Transaction(s) (Instr. 3 and 4)				(1150.4)	
Common Stock 09					4/202	22			М		7,38	9.	4 :	\$1. <mark>0</mark> 5	390,	184(1)		D		
Common Stock 09					14/2022				М	Τ	10,2	30	<u>م</u> :	\$1. <mark>0</mark> 5	400	,414	D			
Common Stock 09/					14/2022				М		16,5	. 00	۹ :	\$1. <mark>0</mark> 5	416	5,914		D		
Common Stock 09					/14/2022				М		4,12	.5	A :	\$1. <mark>0</mark> 5	421	,039		D		
		-	Table II -								oosed of convert				Owned					
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if			Execution Date, if any		4. Transaction Code (Instr. 8)		of E		Expiration	6. Date Exercisa Expiration Date (Month/Day/Year		of Securit			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or	ount nber res						
Employee Stock Option (Right to Buy)	\$1.05	09/14/2022			М			7,389	(2)		05/12/2029	Commo Stock	ⁿ 7,3	389	\$ 0.00	0		D		
Employee Stock Option (Right to Buy)	\$1.05	09/14/2022			М			10,230	(2)		06/03/2030	Commo Stock	ⁿ 10,	230	\$0.00	0		D		
Employee Stock Option (Right to Buy)	\$1.05	09/14/2022			М			16,500	(2)		06/02/2031	Commo Stock	ⁿ 16,	500	\$0.00	0		D		
Employee Stock Option (Right to Buy)	\$1.05	09/14/2022			М			4,125	(3)		06/02/2032	Commo Stock		125	\$0.00	12,375	5	D		
Explanatio	n of Respon	ses:	*									*				,			*	

1. Includes 67,435 shares previously reported as indirectly held through a family trust of which the reporting person and his spouse are trustees. In accordance with SEC guidance with respect to shares held by living trusts, such shares are now included in the shares directly owned by the reporting person.

2. These Options are fully vested.

3. Reflects an initial grant of 16,500 Options granted on June 3, 2022 to directors under Applied Therapeutics, Inc.'s 2019 Equity Incentive Plan. One-twelfth (1/12th) of the shares subject to the Option shall vest on July 2, 2022 and 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> 09/16/2022

** 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.