FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Shendelman Shoshana						2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics, Inc. [APLT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024								V	Officer (give title below) Other (specify below) President and CEO					
545 FIFTH AVENUE, SUITE 1400						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YORK NY 10017															-	oorting Per an One Re	- 1			
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication																
					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	I - No	n-Deriva	tive	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Ins 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Price	1	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 06/0				06/06/20	24				S		61,795(1)	D	\$4.3	2	3,756,019			D		
Common Stock															1,75	0,000			See footnote ⁽²⁾	
Common Stock															1,492	2,094			See footnote ⁽³⁾	
Common Stock													709,720		,720		1 1	See footnote ⁽⁴⁾		
Common Stock														290,280				See footnote ⁽⁵⁾		
Common Stock														88,397				See footnote ⁽⁶⁾		
		Tal	ble II								osed of, o				Owned	t				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date (Month/Day/Year) if any			eemed tion Date,	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Exer	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. P Der Sec	rivative curity str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The sale reported on this Form 4 represents shares sold by the reporting person to cover tax withholding obligations in connection with the vesting and settlement of compensatory Restricted Stock Units. The sale was to satisfy tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary transaction by the reporting person.
- 2. Through a grantor retained annuity trust
- 3. Through a family trust controlled by the reporting person's spouse.
- 4. Through the reporting person's spouse.
- 5. Through a family trust controlled by the reporting person.
- 6. Through Clearpoint Strategy Group LLC of which the reporting person is the sole owner.

/s/ Shoshana Shendelman 06/10/2024

** 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.