FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVID APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burd	en									

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					C	JI 560	11011 30	of the i	nvestme	iii C0	mpany Act C	JI 1940							
1. Name and Address of Reporting Person* <u>Shendelman Shoshana</u>					2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics Inc. [APLT]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										_			X Director	r	X	10% C	wner		
(Last)	(F	irst)	(Middle)		3.	Date of Earliest Transaction (Month/Day/Year)								X Officer below)	(give title		Other below)	(specify	
` '	•	RAPEUTICS, I	` '			05/16/2019								President and CEO					
		ENUE, 19TH FI																	
					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					05	05/20/2019								Line)					
NEW Y	ORK N	Y	10173											X Form filed by One Reporting Person					
					-									Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)																
		Ta	ble I - No	n-Der	ivativ	/e Se	ecuri	ties Acc	quired	, Dis	posed of	, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 of D)			(A) or 3, 4 and	5. Amount Securities Beneficiall Owned Fol	Form: y (D) or		Direct Indirect tr. 4)	. Nature of ndirect eneficial wnership				
								Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an	ction(s)			(Instr. 4)		
Common Stock 05/16/				6/201	2019		С		88,397	A	(1)	88,397 ⁽²⁾		1 1 1		See Footnote ⁽³⁾			
			Table II -								osed of, convertib			Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Series A Preferred	(1)	05/16/2019			С			88,397 ⁽²⁾	(1)		(1)	Common Stock	88,397	\$0.00	0		I	See Footnote ⁽³⁾	

Explanation of Responses:

- 1. Each share of Series A Preferred Stock automatically converted into shares of Issuer's common stock, without payment of additional consideration, on a one-for-one basis, immediately upon the closing of the Issuer's initial public offering on May 16, 2019.
- 2. These securities were unintentionally omitted from the Reporting Person's initial Form 4.
- 3. The reportable securities are directly owned by Clearpoint Strategy Group LLC ("Clearpoint") of which the Reporting Person is the sole owner. The Reporting Person has sole voting and dispositive power over these securities.

Remarks:

/s/ Jason Minio, Attorney-in-

05/29/2019

Fact

** 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.