FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
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l	hours per response	: 0.5									

	Check this box if no longer subjec
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     SKYLER JAY S						2. Issuer Name <b>and</b> Ticker or Trading Symbol Applied Therapeutics Inc. [ APLT ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		_				_								┥ ⁴	X Dire			10% O	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023									Offic belo	er (give title w)		Other ( below)	specify		
C/O APF	Δ If Δ	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable									
545 FIFT	4. Il Americanoni, Date of Original Filed (Month/Day/Teal)								Line)											
											X Form filed by One Reporting Person									
(Street)	Street) NEW YORK NY 10017													Form filed by More than One Reporting Person						
IVEW IC	JICIC IV		0017		Dul	Dula 10hE 1(a) Transportion Indication														
					Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					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 S	ecui	rities A	cqı	uired,	Dis	posed of	f, or	r Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,			1	3. Transaction Code (Instr. 8)  4. Securities Disposed O 55						Secur Benet Owne Follow	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(,	(A) or (D)	Price		rted action(s) 3 and 4)								
Common	2023				A		20,000(1	1) A S		\$0.00	) 2	20,000		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)	re es d	5		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f C S G (	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V		v	(A) (D		Date Exercisa	ıble	Expiration Date		or	ount mber ures						

## 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 Restricted Stock Units shall vest on each of September 6, 2023, December 6, 2023, March 6, 2024 and the date which is the earlier of June 6, 2024 and the 2024 annual stockholder meeting, subject to the Reporting Person continuing to provide services through each such date.

## Remarks:

/s/ Shoshana Shendelman, as attorney-in-fact
\*\* Signature of Reporting Person

06/08/2023

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.