SEC Form	4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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					S APPROVA	<u>\L</u>	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEME	NT OF CHANGES IN BENEFICIAL OWN	Estimated a	OMB Number: 3235-028 Estimated average burden hours per response: 0.			
Instruction 1(b).	File	ed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940	4	nours per r			
1. Name and Address of Reporting Pers <u>Perfetti Riccardo</u>	son*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Applied Therapeutics Inc.</u> [ APLT ]	5. Relationship (Check all appli Director	cable)	erson(s) to Issu 10% Own		
(Last) (First) C/O APPLIED THERAPEUTIC	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/21/2023	A below)	give title hief Medical	Other (spe below) Officer	∋cify	
545 FIFTH AVENUE SUITE 14	.00	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or	Joint/Group Fili	ng (Check App	licable	

C/O 545 FIFTH AVENUE, SUITE 1400

NEW YORK	NY	10017
(City)	(State)	(Zip)

Form filed by One Reporting Person X Form filed by More than One Reporting Person

Line)

Ru	le 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	12/21/2023		A		450,000 <sup>(1)</sup>	A	\$0.00	1,142,341	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transa Code ( 8)		of		Expiration Date (Month/Day/Year) S		Amount of		Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr.		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. Consists of compensatory Restricted Stock Units granted under Applied Therapeutics, Inc.'s 2019 Equity Incentive Plan (the "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 compensatory Restricted Stock Units shall vest on December 21, 2024, and one thirty-sixth (1/36th) of the remaining shares subject to the compensatory Restricted Stock Units shall vest each month thereafter, subject to the reporting person continuing to provide services through each such date.

## Remarks:



12/22/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.