Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

		<i></i>
,	OMB Number:	3235-0287
	Estimated average bur	den
	hours per response:	0.5

I

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person <sup>*</sup> Kanter Stacy J.				uer Name <b>and</b> Tick blied Therape	•	•	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)		te of Earliest Transa 6/2024	action (Month	/Day/Year)		Officer (give title below)	Other	(specify )	
C/O APPLIED THERAPEUTICS, INC. 545 FIFTH AVENUE, SUITE 1400				mendment, Date o	f Original Fileo	d (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street) NEW YORK	NY	10017						Form filed by Mo Person	re than One Re	porting	
			Rul	e 10b5-1(c)	Transact	tion Indication					
(City)	(State)	(Zip)				action was made pursuant t ons of Rule 10b5-1(c). See I			en plan that is int	ended to	
		Table I - No	n-Derivative S	ecurities Acq	uired, Dis	posed of, or Benet	ficially	Owned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				2A. Deemed Execution Date, if any	3. Transaction Code (Instr.			5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	

		(Month/Day/Year)	(Month/Day/Year)	8)		5)				(I) (Instr. 4)	Ownership
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150.4)
Common S	Stock	06/06/2024		A		45,000(1)	Α	<b>\$0.00</b>	108,000	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)	erivative Conversion Date ecurity or Exercise (Month		ise (Month/Day/Year) if any (Month/Day/Year) /e		action Instr.	of Deriv Secu Acqu (A) of Dispo of (D	f Expiration Date (Month/Day/Year) Amount of Securities cquired (Month/Day/Year) Underlying Underlying Derivative Security (Instr. 3 and 4) f (D) nstr. 3, 4				8. Price of Derivative Security (Instr. 5)	vative derivative Ownership rity Securities Form:	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. 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 a quarterly basis from June 6, 2024 until the earlier of (i) the first anniversary of the date of grant and (ii) the date of the issuer's next annual stockholder meeting, in each case, subject to the reporting person's continuous service as of each such date.

<u>/s/ Shoshana Shendelman, as</u> attorney-in-fact	06/07/2024
** 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.