FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287

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

Estimated average burden hours per response: 0.5

	tion 1(b).	iuc. occ		Filed	pursua or Se	int to S ection 3	ection 80(h) o	16(a) f the Ir	of the S	ecurit nt Cor	ies Exchange mpany Act of	e Act of f 1940	f 1934			nours	per res	sponse:	0.5
Name and Address of Reporting Person* MARCUS JOEL S						2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics, Inc. [APLT]									call app	,	ng Per	. ,	
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									J	Office below	fficer (give title		10% Ov Other (s below)	
C/O APPLIED THERAPEUTICS, INC. 545 FIFTH AVENUE, SUITE 1400						4. If Amendment, Date of Original Filed (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 One Reporting Person Form filed by More than One Report Person														
(City)	(St	ate) (Z			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 S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					(/Year) Execution		ution [ction Instr.	4. Securities Acquired Disposed Of (D) (Instr. 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) (D)		ce	Transa	saction(s) r. 3 and 4)		ľ	(III3ti. 4)
Common Stock 06/06/2						.024			A		45,000(1)	A	\$	0.00	49	08,414		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y 1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	r						

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.

/s/ Shoshana Shendelman, as

06/07/2024 attorney-in-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.