Instruction 1(b)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C	20549	
vasilliquui,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Name and Address of Reporting Person*     SKYLER JAY S					2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics, Inc. [ APLT ]									k all app	tionship of Reporting P all applicable) Director		rson(s) to Is		
(Last)	(Fir	rst) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Office below	er (give title /)		Other (s below)	pecify
C/O APPLIED THERAPEUTICS, INC. 545 FIFTH AVENUE, SUITE 1400				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)		dual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10017				Dul	Form filed by More than One Reporting Person										orting				
(City)	(St	ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	Benef	ficially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) ( 5)					5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) (D)	or P	rice		orted saction(s) tr. 3 and 4)			Instr. 4)			
Common Stock 06/06/2				2024		A		45,000(1)	) A \$0.0		\$0.00	00 65,000			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Transaction Code (Instr. 8)  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Date Exercis	sable	or Nui Expiration of		Numb	oer							

## **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

attorney-in-fact

\*\* Signature of Reporting Person Date

06/07/2024

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.