FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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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1. Name and Address of Reporting Person [*] MARCUS JOEL S						2. Issuer Name and Ticker or Trading Symbol <u>Applied Therapeutics Inc.</u> [APLT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
														Direc	ctor		10% Ov	vner	
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023										Officer (give title below)		Other (specify below)		
C/O API	PLIED TH		Charlinidual en Isiat/Oneur Filing (Oheelt Anglischie																
545 FIFTH AVENUE, SUITE 1400						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
STOLINGE, SOILE 1400													X	Form	n filed by On	e Rep	oorting Pers	on	
(Street) NEW YORK NY 10017													Form Pers	n filed by Mo on	ore tha	an One Rep	orting		
11211 1	onte n				Dui	م 10	$h_{5-1(c)}$	Tran	<u></u>	tion Inc	lic	etion							
	(0	-+->	7im)		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	ecur	ities Acq	uired,	Dis	posed of	f, c	or Ben	eficia	ly Owi	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execu if any	eemed ition Date, h/Day/Year)	3. Transactio Code (Inst 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)				icially d	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 06/06/20)23			A		20,000 ⁽¹⁾ A		A	\$0.00	44	441,039		D		
		Tab	ole II -	Derivativ (e.g., put			ies Acqu varrants,			,			-	v Owne	ed				
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)			Transaction Number Code (Instr. of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f D Si g (li	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	

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.

Date

Exercisable

Expiration

Date

Remarks:

/s/ Shoshana Shendelman, as 06/08/2023 attorney-in-fact

Amount or Number

of Shares

Title

** 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).

Code

v (A) (D)

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.

OMB APPROVAL

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