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

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

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* <u>Funtleyder Leslie D.</u>   |  |  |             | 2. Issuer Name and Ticker or Trading Symbol Applied Therapeutics Inc. [ APLT ] |   |  |   |                 |  |                                       |           |   | ck all app  | ,   |   | n(s) to Is:  |   |         |  |
|--|--|--|-------------|--|---|--|---|-----------------|--|---------------------------------------|-----------|---|---|---|---|--|---|---------|--|
| (Last)   | (Fi  | est) (M                                    | Middle)     |  | 3. Date of Earliest Transaction (Month/Day/Year)  11/20/2023  X Officer (give title Delow)  Chief Financial Officer |  |   |                 |  |                                       |           |   |   | pecify  |   |  |   |         |  |
| 545 FIFTH AVENUE, SUITE 1400   |  |  |             |  | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                 |  |                                       |           |   | 6. Inc  | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |   |         |  |
| (Street)<br>NEW Y  | ORK N  | <i>l</i> 1                                 |             |  |   |  |   |                 |  |                                       |           | X   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |   |         |  |
| (City)   | (St  | ate) (Z                                    | Zip)        |  | Rul   | le 10  | )b5-  | 1(c)            | Tran   | sac                                   | tion Indi | cati  | on  |   |   |  |   |         |  |
| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is int satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |  |             |  |   |  |   |                 |  | at is inter                           | ded to    |   |   |   |   |  |   |         |  |
|  |  | Table                                      | I - No      | n-Deriva   | tive S  | Secui  | rities  | Acq             | uired  | , Dis                                 | posed of  | , or E  | Bene  | ficiall   | ly Own  | ed   |   |         |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day   |  |  |             | //Year)   Execut   |   | eemed<br>ution Date,<br>th/Day/Year)                     |   |                 |  | s Acquired (A)<br>If (D) (Instr. 3, 4 |           |   |   | ties<br>cially<br>I Following                               | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |         |  |
|  |  |  |             |  |   |  |   |                 | Code   | v                                     | Amount    | (A)<br>(D)  | or F  | Price   | Transa  | eported<br>ansaction(s)<br>nstr. 3 and 4)  |   |         | (Instr. 4)   |
| Common Stock 11/20/  |  |  |             | 11/20/2  | 2023  |  |   | A               |  | 300,000(1                             | .) ]      | A   | \$0.00  | 337,148   |   | D  |   |         |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |             |  |   |  |   |                 |  |                                       |           |   |   |   |   |  |   |         |  |
| Derivative Conversion Date   |  | 3. Transaction<br>Date<br>(Month/Day/Year) | Date Execut |  | 4.<br>Transaction<br>Code (Instr.<br>8)   |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                 | 6. Date Exerc<br>Expiration Da<br>(Month/Day/V |                                       | ate       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ir<br>3 and 4) |   | Di<br>Si<br>(II   | Price of<br>rivative<br>curity<br>str. 5)                         | 9. Number o<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Dire<br>or I<br>(I) (                  | nership | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |             |  | Code V (A) (D)  |  | (D)   | Date<br>Exercis | te Expiration Pate                             |                                       | Title     | Amor<br>or<br>Numi<br>of<br>Share   | ber   |   |   |  |   |         |  |

## **Explanation of Responses:**

1. Consists of compensatory Restricted Stock Units granted under Applied Therapeutics, Inc.'s 2019 Equity Incentive Plan in connection with the Reporting Person's appointment as Chief Financial Officer. Each compensatory Restricted Stock Unit represents a contingent right to receive one share of the issuer's common stock. The compensatory Restricted Stock Units shall vest in equal monthly installments over the two-year period following the date of grant, subject to the Reporting Person continuing to provide services through each such vesting date.

## Remarks:

/s/ Shoshana Shendelman, as attorney-in-fact

11/20/2023

\*\* 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.