FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|

| l | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| ı | hours nor resnance. | 0.5 | | | | | | | | | |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Sect | ion 30(h) d | of the | Investment C | ompany 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] | | | | | | (Ch | 5. Relationship of Reporting Per (Check all applicable) X Director | | | on(s) to Issu 10% Ow | |
| (Last) (First) (Middle) C/O APPLIED THERAPEUTICS, INC. 340 MADISON AVENUE, 19TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2019 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 11 | Officer (give title Other (specify below) below) 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) NEW YORK NY 10173 | | | | | 4. II Amendinent, Date of Original Fried (World Day/ Teal) | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-l | Derivat | ive Se | ecurities | s Ac | quired, Di | sposed o | of, or Be | neficiall | y Owned | | | | |
| Date | | | | . Transact Date Month/Day | Execution Date, | | Code (Instr. 5) | | | Beneficia | s For ally (D) following (I) (I | | Direct C Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | 1 | iiisu. 4) |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Cod | saction e (Instr. | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$10.02 | 06/03/2019 | | A | | 20,460 | | (1) | 06/02/2029 | Common Stock | 20,460 | \$0.00 | 20,460 | | D | |

Explanation of Responses:

1. One thirty-sixth (1/36th) of the shares subject to the Option shall vest each month commencing on July 3, 2019, subject to the Reporting Person continuing to provide service through each such date.

Remarks:

/s/ Jason Minio, Attorney-in-06/05/2019 **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.