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Form 4												
November 12										OMB A	PPROVAL	
FORM	4 UNITED S	TATES :				ND EXC D.C. 205		NGE C	COMMISSION		3235-0287	
Check thi				8	,					Expires:	January 31,	
if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to S				SECU	RI	TIES			Expired: 20 Estimated average burden hours per response			
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a) of the P	ublic Ut	ility Ho	oldi		pany	Act of	f 1935 or Section	n		
(Print or Type R	Responses)											
CHRISTMANN JOHN J Symbol				r Name and Ticker or Trading IE CORP [APA]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of		-				(Chec	eck all applicable)		
2000 POST OAK BLVD., SUITE 11/11/20 100				Day/Year)					X Director 10% Owner X Officer (give title Other (specify below) Delow) CEO and President			
				ndment, Date Original th/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)		Zip)			D	• • •			Person			
					-De			-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code	V	Amount	(D)	Price	(Instr. 5 and 4)			
Stock	11/11/2015			M <u>(1)</u>		5,600	А	\$0	30,474.34	D		
Common Stock	11/11/2015			F <u>(2)</u>		2,350	D	\$ 49.4	28,124.34	D		
Common Stock									1,366.847	Ι	By Trust	
Common Stock									2,829.411	I	Held by Trustee of 401(k) Plan	
									18 611 796	I		

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Common
Stock

Held by Trustee of NQ Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and . Underlying S (Instr. 3 and	Securities	8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock / Units (3)	\$ 0 <u>(4)</u>	11/11/2015		М	5,600	<u>(1)</u>	<u>(1)</u>	Common Stock	5,600	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHRISTMANN JOHN J 2000 POST OAK BLVD. SUITE 100 HOUSTON, TX 77056-4400	Х		CEO and President				
Signatures							
Chari I. Danan							

Cheri L. Peper,	11/12/2015		
Attorney-in-Fact			
<u>**</u> Signature of Reporting Person	Date		

Explanation of Responses:

* 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).

(1)

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Vesting on 11/11/2015 of restricted stock units under employer plan - data provided by plan administrator on 11/12/2015. Vesting occurs 20% per year over five years.

- (2) Shares withheld to cover required tax withholding on 11/11/2015 vesting of restricted stock data provided by plan administrator on 11/12/2015.
- (3) With tandem tax withholding right
- (4) One share of Apache common stock for each restricted stock unit.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.