## Edgar Filing: LOWE JOHN E - Form 4

Form 4									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL		
	UNITED	STATES SE	CURITIES A Washington	AND EXCHANGE , D.C. 20549	COMMISSION	OMB Number:	3235-0287		
Check t if no lo subject Section Form 4	to <b>STATE</b> 16.	MENT OF C	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				January 31, 2005 average urs per . 0.5		
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue.	(a) of the Pub	lic Utility Hol	ne Securities Exchanding Company Act Company Act of 1	of 1935 or Sectio	response	0.0		
(Print or Type	e Responses)								
1. Name and Address of Reporting Person <u>*</u> LOWE JOHN E			. Issuer Name <b>and</b> mbol PACHE CORF	d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (		Date of Earliest T		(Check all applicable)				
2000 POST OAK BLVD., SUITE 100			onth/Day/Year) /30/2018		_X_ Director10% Owner Officer (give titleOther (specify below)below)				
			If Amendment, Daventer (Month/Day/Yea	-	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
HOUSTO	N, TX 77056-4400	)			Person	viore than One Ro	sporting		
(City)	(State)	(Zip)	Table I - Non-I	Derivative Securities A	cquired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y	Code Year) (Instr. 8)	4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or	Securities D Beneficially O Owned O	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: R	enort on a senarate lin	e for each class (	Code V	. ,	. ,				
Kenninger: Ke	eport on a separate find		or securities dener	information cont required to respo	pond to the collec ained in this form and unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired Disposed (Instr. 3, 5)	d of (D)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(1)</u>	09/30/2018		М	1,572		(2)	(2)	Common Stock	1,572
Restricted Stock / Units	\$ 0 <u>(3)</u>	09/30/2018		А	1,572		09/30/2018	<u>(4)</u>	Common Stock	1,572
Restricted Stock / Units	\$ 0 <u>(3)</u>	09/30/2018		М		1,572	09/30/2018	(5)	Common Stock	1,572

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
LOWE JOHN E 2000 POST OAK BLVD. SUITE 100 HOUSTON, TX 77056-4400	Х						
Signatures							
Raj Sharma, Attorney-in-Fact	10/01	/2018					

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) One share of Apache common stock for each phantom stock unit.
- (2) Exempt acquisition pursuant to Rule 16b-3(d). Accrued under the deferred compensation provisions of Apache's 2016 Omnibus Compensation Plan (non-employee directors' deferral program).
- (3) One share of Apache common stock for each restricted stock unit.
- (4) Restricted stock units granted to each of Apache's non-employee directors under 2016 Omnibus Compensation Plan, which plan was approved by stockholders in May 2016.
- (5) Vesting of restricted stock units granted to each of Apache's non-employee directors under 2016 Omnibus Compensation Plan.

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.