FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Somasundaram Sivasankaran | | | | | | 2. Issuer Name and Ticker or Trading Symbol Apergy Corp APY | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|---------|---|--|---|------|---|--------------------------------------|--------------------|--|-----------------|---------------------|---|--|---|---|--|--|
| Somasundaram Siyasankaran | | | | | = | | | | | | | | | | X | Direc | tor | | % Owner | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | X | Office | er (give title v) | | ner (specify ow) | |
| C/O APERGY CORPORATION, 2445 TECHNOLOGY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2019 | | | | | | | | | | | Presider | nt & CEO | | |
| FOREST BLVD., BUILDING 4, FLOOR 12 | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| THE WOODLANDS TX 77381 | | | | | | | | | | | | | | Α. | Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, o | r Ben | eficia | ally C | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | 4 and Se | | unt of ties cially I Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/21/ | | | | | | /2019 | | | A | | 40,40 | 2 A | | \$(|) | 192,068 | | D | | |
| | 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 Exercis Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, 1 | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | е | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | str. 3 | | | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Titl | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

Remarks:

/s/ Julia Wright, as attorney-in-

02/25/2019

<u>fact</u>

** 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.