FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
hours per response:	0.5								

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Name and Address of Reporting Person* Nash Huw M.					2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>ınasn H</u>	iuw ivi.				<u> </u>		<u></u> P				,			Directo			10% Ow	-		
,				— l										X Officer below)	(give title		Other (s below)	pecify		
(Last)	`	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/02/2021							COO & CBO								
C/O STOKE THERAPEUTICS, INC.					03/02	2/2021														
45 WIGGINS AVENUE																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														,	iled by One	Repo	orting Persor	า		
BEDFO	RD M	A	01730												,	•	One Repor			
,														Persor				9		
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-I	Deriva	tive S	Secur	ities	Ac	guired, D	ispo	osed o	f, or Be	neficial	ly Owned	l					
1 Title of	Security (Inst			. Transac		1	eeme		3.	÷				5. Amou		6 Ou	nership	7. Nature		
I. Title Of v	security (ilisi		D	Date	Execution Date if any (Month/Day/Yea				e, Transaction Disposed Of (D) (Instr. 3, 4 a					Securitie	Securities Form Beneficially (D) o		m: Direct or Indirect Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
			("	Month/Da					Code (Instr. 5)				Owned F							
								Carla V	,	—		Price								
						Code V Amount					(A) or (D)	Price	(Instr. 3							
		-	Table II - De	erivativ	/e Se	ecuriti	ies /	\cq	uired, Dis	pos	sed of,	or Ben	eficially	Owned						
			(e.	.g., pu	ts, ca	alls, w	<i>ı</i> arra	ınts	, options	, coı	nvertik	ole secu	rities)							
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.			6. Date Exercis		le and	7. Title an	d Amount	8. Price of	9. Number	of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Dat		nsacti de (Ins							of Securit Underlyin		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of	((Month/Day/Ye		Securi			Securities			Derivative Secu			(Instr. 5)	Beneficially Owned Following		Direct (D)	Ownership		
	Derivative Security				Acquired (A) or				(Instr. 3 and 4)				na 4)				or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed of (D) (Instr.										Reported Transaction(s)	on(s)	1			
						3, 4 and 5)]	(Instr. 4)	Ì				
													Amount							
													or Number							
				Co	de V	(A)	,	(D)	Date Exercisable	Exp Date	piration te	Title	of Shares							
Employee				\neg			\dashv													
Stock	# C0	03/03/3034							(1)	02."	01/2024	Common	65,600	* 0.00	CF C00		Б			
Option (Right to	\$60	03/02/2021		A	١.	65	,600		(1)	03/0	01/2031	Stock	00,600	\$0.00	65,600	'	D			

Explanation of Responses:

1. The option vests as to 1/48th of the total shares on April 2, 2021 and then 1/48th of the total shares vest monthly thereafter, subject to reporting person's continued service to the issuer through each vesting date.

Remarks:

/s/ Stephen Tulipano, Attorneyin-Fact

** Signature of Reporting Person

Date

03/04/2021

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.