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

| vvasi | iington, | D.C. | 20549 | |
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| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|----------------|----|-------------------|-----------|
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | | |

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* <u>TZIANABOS ARTHUR</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK] | | | | | | | | | elationship of the contract of | able) | g Pers | son(s) to Iss | | | |
|--|--|------------|----------------------------|---|---|--|---|--|-------------------------------------|----------------|---|---|---|--|---|--|--|---|------------|--|
| (Last) | , | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| C/O STOKE THERAPEUTICS, INC. 45 WIGGINS AVENUE | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) BEDFOR | RD M | A | 01730 | | _ | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instru | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | vativ | e Se | curit | ies Ac | quire | d, Dis | posed | of, | or Ber | neficial | y Owned | | | | | |
| Date | | | 2. Trans Date (Month | | Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | urities sed O | ities Acquired (A) or d Of (D) (Instr. 3, 4 au | | Benefici Owned F | es ally Following | Form (D) o | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Cod | e V | Amou | nt | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | 02/1 | 13/2024 | | | | М | | 31, | 31,739 A | | \$2.19 | 31,739 | | | 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 Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | ate, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Ui De | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiratio Date | | itle | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$2.19 | 02/13/2024 | | | M | | | 31,739 | (1) | | 12/12/202 | | common Stock | 31,739 | \$0 | 0 | | D | | |

Explanation of Responses:

1. This fully-vested option award vested as to 1/48th of the total award on October 4, 2018 with 1/48th of the total award vesting monthly thereafter, subject to the reporting person's continued service to the issuer through each vesting date.

> /s/ Stephen Tulipano, Attorneyin-Fact

02/15/2024

** 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.