FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

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Name and Address of Reporting Person*     Nash Huw M.							2. Issuer Name <b>and</b> Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]								eck all applic Directo	tionship of Reporting all applicable) Director Officer (give title		on(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O STOKE THERAPEUTICS, INC. 45 WIGGINS AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/17/2020								2		below)		below)	specify	
(Street) BEDFORD MA 01730					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     Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tak	ole I - Nor	า-Deriv	ative	e Se	curit	ies Ac	quired	, Dis	posed c	of, or E	Benef	iciall	y Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/II					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securitie Beneficia Owned F	neficially ned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	12/17	//2020		М		41,98	41,985 A		\$0.6	41,985		D								
Common Stock 12/17							/2020		S <sup>(1)</sup>		41,98	35	D	\$60		0		D		
Common Stock 12/18							/2020				8,01	8,015		\$0.6	8,0	8,015		D		
Common Stock 12/18						3/2020		S <sup>(1)</sup>		8,01	5	D	\$60	0			D			
		-	Table II -								osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, 1	4. Transaction Code (Instr. 8)				6. Date Exercisi Expiration Date (Month/Day/Yea		e	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount imber ares						
Employee Stock Option (Right to Buy)	\$0.6	12/17/2020			M			41,985	(2)		04/02/2028	Comm Stock		.,985	\$0.00	180,38	36	D		
Employee Stock Option (Right to	\$0.6	12/18/2020			М			8,015	(2)		04/02/2028	Comm Stock		,015	\$0.00	172,37	71	D		

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The option vested as to 1/48th of the total shares on February 28, 2018, and then 1/48th of the total shares vest at the end of each month thereafter, subject to the reporting person's continued service to the issuer through each vesting date.

## Remarks:

/s/ Stephen Tulipano, Attorneyin-Fact

\*\* Signature of Reporting Person

12/18/2020

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.