SEC For											EVOLIA							
FORM 4 UNITED STAT					TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
Instruc	uon I(b).			F							rities Exchan Company Act		1934					
1. Name and Address of Reporting Person [*] Ticho Barry					<u></u>	2. Issuer Name and Ticker or Trading Symbol <u>Stoke Therapeutics, Inc.</u> [STOK] 3. Date of Earliest Transaction (Month/Day/Year)								eck all applie Directo V Officer	able) or (give title	ve title 0ther (spec		
(Last) C/O STC	.ast) (First) (Middle)					05/01/2024								below)		below) MEDICAL OFFICER		R
45 WIGGINS AVENUE					4.									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BEDFORD MA 01730														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					⁻ R	Rule 10b5-1(c) Transaction Indication												
					X						ansaction was r ditions of Rule				on or written	n plan th	nat is intende	ed to
		Tab	ole I - N	lon-Der	ivativ	e Se	curit	ies Ac	cquire	ed, D	isposed o	of, or Be	eneficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Execution Dat		Date,	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4) (s)		7. Nature of Indirect Beneficial Ownership	
									v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/01/20				2024	24			М		10,000	Α	\$0.6	12	12,485		D		
Common Stock 05/01/202					2024	24			s ⁽¹⁾ 10,0		10,000	D	\$11.3653	⁽²⁾ 2,	485		D	
			Table I								posed of, , convertil			Owned				
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securi Underlyi	ng e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

\$<mark>0.6</mark>

Stock Option (Right to

Buy)

1. The transactions reported on this Form 4 were executed pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 14, 2023.

Μ

2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.00 to \$11.80 per share, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(3)

3. This fully-vested option vested as to 1/4th of the total award on October 2, 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.

10,000

/s/ Stephen Tulipano, Attorney-	05/02/2024
in-Fact	03/03/2024

** Signature of Reporting Person Date

10,000

\$<mark>0</mark>

70,000

D

Common Stock

04/02/2028

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).

05/01/2024

** 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.