

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>ATP Life Science Ventures, L.P.</u> <hr/> (Last) (First) (Middle) <u>C/O APPLE TREE PARTNERS</u> <u>230 PARK AVENUE, 28TH FLOOR</u> <hr/> (Street) <u>NEW YORK NY 10169</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Stoke Therapeutics, Inc. [ STOK ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/28/2021</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	06/28/2021		J <sup>(1)</sup>		17,161,713	D	(1)	0	D <sup>(2)</sup>	

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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)		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)
						Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
ATP Life Science Ventures, L.P.  


---

 (Last) (First) (Middle)  
C/O APPLE TREE PARTNERS  
230 PARK AVENUE, 28TH FLOOR  


---

 (Street)  
NEW YORK NY 10169  


---

 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
ATP III GP, Ltd.  


---

 (Last) (First) (Middle)  
C/O APPLE TREE PARTNERS  
230 PARK AVENUE, 28TH FLOOR  


---

 (Street)  
NEW YORK NY 10169  


---

 (City) (State) (Zip)

Explanation of Responses:

- The shares were distributed in a pro rata distribution to the limited partners of ATP Life Science Ventures, L.P. ("ATP," and formerly known as Apple Tree Partners IV, L.P.).
- The shares were directly held by ATP. ATP III GP, Ltd. ("ATP GP") is the sole general partner of ATP. Seth L. Harrison is a director on the Issuer's board of directors and is the sole director of ATP GP. ATP GP and Dr. Harrison disclaim beneficial ownership of the reported shares, except to the extent of any pecuniary interest therein.

/s/ Seth L. Harrison, for ATP 06/30/2021  
 Life Science Ventures, L.P.,  
 By: Seth L. Harrison, as

director of ATP III GP, Ltd.,  
its general partner  
/s/ Seth L. Harrison, for ATP  
III GP, Ltd., By: Seth L.  
Harrison, director

06/30/2021

\*\* 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.**