FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-026 Estimated average burden									
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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

					-			, ,				1. 7.101									
1. Name and Address of Reporting Person* Nash Huw M.						2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]										eck all applic	ationship of Reporting all applicable) Director Officer (give title		g Person(s) to Issuer		
	,	irst) APEUTICS, INC	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/10/2020										A below)	COO	Other (sp below)				
(Street) BEDFORD MA 01730					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction	action 2A. Deemed Execution Date,), [3. Transa Code (I 8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. Amou Securitie Benefici Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									ſ	Code	v	Amount		A) or D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/					0/202	20				M		36,58	6	A	\$0.6	36	36,586		D		
Common Stock 11/10					0/202	20				M		13,41	4	A	\$2.1	9 50	,000		D		
Common Stock 11/10					0/202	0/2020				S ⁽¹⁾		50,00	0	D	\$45		0		D		
		•	Table II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				Exp	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisabl		xpiration ate	Title	O N	amount or lumber of Shares						
Employee Stock Option (Right to Buy)	\$0.6	11/10/2020			М			36,586		(2)	0	4/02/2028	Comn		86,586	\$0.00	222,37	71	D		
Employee Stock Option (Right to	\$2.19	11/10/2020			M			13,414		(3)	1	2/12/2028	Comn		3,414	\$0.00	136,79	07	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.
- 3. The option vested as to 1/48th of the total shares on November 22, 2018, and then 1/48th of the total shares vest monthly thereafter, subject to the reporting person's continued service to the issuer through each vesting date.

Remarks:

/s/ Stephen Tulipano, Attorney-11/10/2021 in-Fact

** Signature of Reporting Person

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.