Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject	STA
to Section 16. Form 4 or Form 5	
obligations may continue. See	

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Ticho Barry					2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]											all app	licable)	ng Pe	erson(s) to Is 10% Ov Other (s	wner
l	(Fir OKE THER. GINS AVEN	APEUTICS, INC	Middle C.	e)		3. Date of Earliest Transaction (Month/Day/Year) 07/13/2021										below) Chief Med		lical	below)	
(Street) BEDFORD MA 01730 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quir	ed, D	Disp	osed o	f, or I	Benefic	ially	Own	ed			
Date			2. Transaction Date (Month/Day/Ye	Execution (ear) if any				3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				nd 5) Secur Bene Owne		icially d Following	Fori (D) (Indi	m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership	
								Code V		Am	ount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common	Common Stock			07/13/202	21				S ⁽¹⁾	П	39	9,866	D	\$32.682	27 ⁽²⁾ 134,195 ⁽³⁾			D		
Common	ommon Stock 07/13/			07/13/202	1			S ⁽¹⁾		3	3,300	D	\$33.5532(4)		2 ⁽⁴⁾ 130,895			D		
		Tal	ble I	I - Derivati (e.g., pu												Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Exe) if ar	Deemed cution Date, ny nth/Day/Year)	4. Trans Code 8)	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Ex	piration	cercisable and n Date ay/Year)		Amo Secu Unde Deriv	le and unt of rities rlying rative rity (Instr. i 4)	Deri Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat	te ercisabl		Expiration Date	Title	or Number of Shares						

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 reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.19 to \$33.16 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. Includes 430 shares of Common Stock acquired under the issuer's employee stock purchase plan on June 30, 2021.
- 4. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.21 to \$34.17 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.

Remarks:

/s/ Stephen Tulipano, 07/15/2021 Attorney-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.