SEC Form 4	
FORM	4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

t to

	Instruction 1(b).	
1	Check this box to indicate that a	

transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
defense conditions of Rule 10b5- 1(c). See Instruction 10.

### 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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

Estimated average burden hours per response: 0.5

		rson <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. STOK	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Itayo Dawa</u>				1	Director	10% Owner			
				1	Officer (give title below)	Other (specify below)			
(Last) (First) (Middle) C/O STOKE THERAPEUTICS, INC. 45 WIGGINS AVENUE		(	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024		CEO	Delow)			
			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filing	g (Check Applicable			
(Street)				Line)	Frank filed by Ore Dear	ution Demonstra			
BEDFORD	MA	01730		1	Form filed by One Repo				
					Form filed by More than Person	One Reporting			
(City)	(State)	(Zip)							

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

1. Title of Secu	rity (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			sposed Of (D) (Instr. 3, 4 and 5) Beneficially Owned Following (A) or Reported Transaction(c)		7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price		(1130. 4)	(Instr. 4)		
Common Sto	ck	12/06/2024		<b>S</b> <sup>(1)</sup>		6,170	D	\$12.7775 <sup>(2)</sup>	68,671	D			

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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	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. Transa Code ( 8)		of I		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)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. The reported transaction represents an Issuer mandated sale to satisfy tax withholding liabilities in connection with the vesting and settlement of restricted stock units.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.93 to \$13.46, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the U.S. 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.

<u>/s/ Jonathan Allan, Attorney-</u> <u>12/10/2024</u>

\*\* 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.