## FORM 4

## **UNITED STAT**

Washington, D.C. 20549

'ES SECURITIES AND EXCHANGE COMMISSIC	<b>)</b> N	Į
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OMB APPROVAL

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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).

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 10b5-1(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

1. Name and Address of Reporting Person*  Ticho Barry						2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [ STOK ]							(Che	ck all applica	ible)	g Person(s) to Issuer 10% Owne Other (spe		ner	
(Last) (First) (Middle) C/O STOKE THERAPEUTICS, INC. 45 WIGGINS AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2024								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 Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tal	ble I - Non	ı-Deri	vativ	/e Se	curitie	s Acq	uired,	Disp	osed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned For Reported	ly	Form: [	m: Direct In or Indirect B nstr. 4) C	. Nature of ndirect seneficial ownership instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar			"	11Stf. 4)	
Common Stock 12/0.						03/2024			М		10,000	A	\$0	61,2	61,277		D		
			Table II - I								sed of, o			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/)	ate,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and of Securit Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)			
Performance Stock Units	(1)	12/03/2024			<b>A</b> <sup>(2)</sup>		20,000		(3)		12/03/2025	Common Stock	20,000	0,000 \$0 20,000		00	D		
Performance Stock Units	(1)	12/03/2024			M			10,000	10,000 (3)		12/03/2025	Common Stock	10,000 \$0		10,00	00 D			

## **Explanation of Responses:**

- 1. Each performance stock unit represents a right to receive one share of the Issuer's common stock.
- 2. This award represents a grant of restricted stock units upon the achievement of certain performance criteria as certified by the Issuer's compensation committee on the Transaction Date.
- 3. Half the award vests on December 3, 2024 and the remainder shall vest on December 3, 2025, subject to the reporting person's continued service to the Issuer on the relevant vesting date.

/s/ Jonathan Allan, Attorney-in-12/05/2024 **Fact** 

\*\* 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.