FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Name and Address of Reporting Person*     Nash Huw M.						2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [ STOK ]									ationship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owne Other (spe		wner	
(Last) (First) (Middle) C/O STOKE THERAPEUTICS, INC. 45 WIGGINS AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/02/2021									X Office (give title below) below)  COO & CBO					
(Street) BEDFORD MA 01730  (City) (State) (Zip)					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - I	Non-Deri	vative	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	enefici	ally	Owned	t				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution D		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			)	Securiti Benefic	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 08/02/202					021	21			М		5,700	A	\$2.1	9	5,700			D		
Common Stock 08/02/202					021	21			S <sup>(1)</sup>		5,700	D	\$28.8692(2)		0			D		
		Т	able								sposed of , converti				wned					
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 Expira (Monti	ation D		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares	r						
Employee Stock																				

## Explanation of Responses:

\$2.19

- 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 \$28.68 to \$29.32 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)

5,700

12/12/2028

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:

Option

(Right to Buy)

> /s/ Stephen Tulipano, Attorneyin-Fact 08/04/2021

\*\* Signature of Reporting Person Date

5,700

\$0.00

113,422

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

08/02/2021

\*\* 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.