FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Transaction(s) (Instr. 4)

65,600

D

Name and Address of Reporting Person* Tiche Payers				2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Ticho Barry</u>			Stone	Stoke Therapeuties, Inc. [STOK]						Directo	or		10% O	vner	
												(give title		Other (specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)					below) below)					
C/O STOKE THERAPEUTICS, INC.			03/02/	03/02/2021					Chief Medical Officer						
45 WIGGINS AVENUE															
			4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				monanish, bate of original rinea (monanibay/real)						Line)					
l` ′	BEDFORD MA 01730									2	X Form filed by One Reporting Person				
BEDFORD MA 01/30				_							Form filed by More than One Reporting Person				
(City)	(9	itate)	(Zip)								reisui	1			
(City)	(3	nate)	(Σιρ)												
		Tab	le I - Non-De	rivative Se	ecurities Acq	uired,	Disp	osed o	f, or Ben	eficiall	y Owned	l			
Date			ransaction	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				nth/Day/Year)	if any	Code (I			Of (D) (Instr	. 3, 4 and	Benefici Owned F	ally following	(D) or I	Indirect tr. 4)	Beneficial Ownership
					if any	Code (I			(A) or	Price	Benefici	ally Following d ion(s)	(D) or I	Indirect tr. 4)	Beneficial
Common	Stock				if any	Code (I 8)	nstr.	5)	(A) or		Benefici Owned F Reported Transact (Instr. 3	ally Following d ion(s)	(D) or I (I) (Inst	Indirect tr. 4)	Beneficial Ownership
Common	Stock		(Mc	nth/Day/Year)	if any (Month/Day/Year)	Code (I 8)	v	Amount	(A) or (D)	Price	Benefici Owned F Reporter Transact (Instr. 3 a	ally Following d tion(s) and 4)	(D) or I (I) (Inst	Indirect tr. 4)	Beneficial Ownership
Common	Stock		Table II - Der	nth/Day/Year)	if any	Code (I 8) Code	v ispo	Amount sed of,	(A) or (D)	Price Ficially	Benefici Owned F Reporter Transact (Instr. 3 a	ally Following d tion(s) and 4)	(D) or I (I) (Inst	Indirect tr. 4)	Beneficial Ownership

Explanation of Responses:

\$60

- $1. \ Includes \ 229 \ shares \ of \ Common \ Stock \ acquired \ under the \ issuer's \ employee \ stock \ purchase \ plan \ on \ December \ 31, \ 2020.$
- 2. The option vests as to 1/48th of the total shares on April 2, 2021 and then 1/48th of the total shares vest monthly thereafter, subject to reporting person's continued service to the issuer through each vesting date.

Date

Exercisable

(2)

(D)

Expiration

03/01/2031

of (D) (Instr. 3, 4 and 5)

(A)

65,600

Remarks:

Employee Stock Option (Right to

> /s/ Stephen Tulipano, Attorney-03/04/2021 in-Fact

Amount or Number

Shares

65,600

\$0.00

Title

Stock

** 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).

03/02/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.