Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*							2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Harrison Seth Loring						OHC	THEI	J.C.u.c	100, 11101		1.			X Directo	or	X	10% Ow	/ner		
(Last) (First) (Middle) C/O STOKE THERAPEUTICS, INC.						Date o		Trans	saction (Mont	th/Day/`	Year)		Officer below)	(give title		Other (s below)	pecify			
45 WIGGINS AVENUE							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable					
(Street)	RD MA		01730		_							,	- 1	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)		(Zip)	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Executio			Code (Ins	Transaction Dispose Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefici Owned F	es For ally (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	An	nount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	ate, 4. Transa Code (5. Number of		6. Date Exerc Expiration D (Month/Day/	ate	ble and 7. Title and A of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ration	Title	Amount or Number of Shares							
Director Stock Option (Right to	\$28.8	09/10/2019			A		29,555		(1)	09/09	9/2019	Common Stock	29,555	\$0	29,555	5	D ⁽²⁾			

Explanation of Responses:

- 1. This option shall vest (i) 1/12th of the total shares on June 21, 2019; and then (ii) quarterly as to 1/12th of the total shares, commencing the first quarter following June 21, 2019, subject to Reporting Person's continued service through each vesting date.
- 2. Under the Reporting Person's arrangement with Apple Tree Life Sciences, Inc. (the "Manager"), the Reporting Person holds the option for the benefit of Apple Tree Partners IV, L.P. (the "Fund"). The Reporting Person is obligated to turn over to the Manager any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund to the Manager. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

/s/Stephen Tulipano, Attorneyin-Fact

09/12/2019

** 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.