FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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).	 ed 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* <u>Harrison Seth Loring</u>					2. Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [ STOK ]								ck all applic	cable)	g Pers	son(s) to Iss	o Issuer % Owner		
(Last)	`	irst) APEUTICS, INC	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/03/2020  Officer (give title below) below) Other (specify below)														
45 WIGGINS AVENUE					If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					plicable			
(Street)	RD M	Ā	01730											Line)	Form f	led by Mor		orting Perso	
(City)	(S	tate)	(Zip)																
		Tab	le I - Non-	-Deriva	tive	Sec	urities	s Ac	quired,	Dis	posed o	f, or Be	nefi	cially	/ Owned				
Date			2. Transac Date (Month/Da	Execution Da		Date,	Code (				) or 4 and	Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V Amount (A) or (D)			rice	Transact (Instr. 3 a	ction(s)			(Instr. 4)		
		-	Table II - D								osed of, onvertil				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/	Co	Fransaction of E Code (Instr. Derivative (		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Co	de V	,	(A)	(D)	Date Exercisab		Expiration Date	Title	or	ount mber ires					
Director Stock Option (Right to	\$26.53	06/03/2020		A			14,777		(1)	(	06/02/2030	Common Stock	14	,777	\$0.00	14,77	7	D <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. The option shall fully vest on June 3, 2021 or, if earlier, the next annual meeting of the issuer's stockholders, subject to the reporting holder's continued service on such 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.

## Remarks:

/s/ Stephen Tulipano, Attorney-06/05/2020 in-Fact

\*\* Signature of Reporting Person Date

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).
- \*\* 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.