SEC For	rm 4 FORM	Л) ST4	١TF	ES S	ECUR		ES	ς ανι) F	хсн		١G	E CC	OMMIS	SION					
		7	UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549														OMB APPROVA				VAL	
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 OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														HIP	Estim	OMB Number: 3235- Estimated average burden hours per response:			
1. Name a <u>Kaye F</u>				2. Issuer Name and Ticker or Trading Symbol <u>Stoke Therapeutics, Inc.</u> [STOK]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Image: Check all applicable Image: Check all applicable <t< td=""></t<>							
(Last) C/O STO	(F DKE THER	(Middle) C.			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024											☑ Officer (give title below) Other (specify below) CEO CEO						
45 WIGGINS AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BEDFO	RD M	01730														Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														to satisfy		
		Та	ble I - Nor	1-Deriv	vati	ve Se	ecuritie	s Ac	cqu	uired,	Dis	ose	d of	i, oi	r Ben	eficially	v Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/)						2A. Deemed Execution Date, if any (Month/Day/Year			3. Transa Code (I 8)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and 5) Securities Beneficial Owned Fo		Form	Direct	7. Nature of Indirect Beneficial Ownership				
									Code	v	Αmoι	unt		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
			Table II -	Deriva (e.g., p	ative outs	e Sec s, cal	urities Is, warr	Acq ants	qui s, c	ired, D option	ispo s, c	osed onve	of, o	or l le s	Benef secur	ficially (ities)	Owned					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution			Code (Instr.						6. Date Exercisable and Expiration Date (Month/Day/Year)				of So Undo Deri	ecurities erlying vative S r. 3 and	ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
	1	1				1	1		1				- 1		A	Amount		(Instr. 4)			1	

(D) Exercisable

(1)

(3)

1. The option vested or vests as to 1/48 of the total award on April 15, 2024, with 1/48 vesting on each monthly anniversary thereafter, subject to the reporting person's continued service to the issuer through each

Expiration Date

03/26/2034

03/15/2028

Title

Commor

Stock

Common Stock

vesting date. 2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one (1) share of the issuer's Common Stock upon settlement.

v

Code

Α

Α

(A)

159,000

105,000

3. The award vests as to 1/4 of the total award annually beginning on March 15, 2025, subject to the reporting person's continued service to the issuer through each vesting date.

/s/ Jonathan Allan, Attorney-in-06/07/2024 Fact ** Signature of Reporting Person Date

Amount or Number of Shares

159,000

105,000

\$<mark>0</mark>

\$<mark>0</mark>

159,000

105,000

D

D

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).

03/27/2024

03/27/2024

Employee Stock Option (Right to Buy)

Restricted Stock Units

\$14.17

(2)

Explanation of Responses:

** 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.