FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	Estimated average burden								
- 1	haura nor roonanaa:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sec	นอก 30(ก) เ	or the	Investment C	ompany Act	01 1940						
Name and Address of Reporting Person*  Ticho Barry						2. Issuer Name <b>and</b> Ticker or Trading Symbol Stoke Therapeutics, Inc. [ STOK ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
				I								Officer	(give title		(specify	
(Last)	(F	irst)	(Middle)	Ī	3. Date	of Earliest	Trans	saction (Mont	h/Day/Year)		_	X below)		below	)	
C/O STOKE THERAPEUTICS, INC.						03/15/2023					Chief Medical Officer					
45 WIGGINS AVENUE																
45 WIGGINS AVENUE						If Amendment, Date of Original Filed (Month/Day/Year)					6. 1	6. Individual or Joint/Group Filing (Check Applicable				
(Street)										Line	Line)					
BEDFORD MA 01730										X Form filed by One Reporting Person						
BEDI ORD IVIII				I							Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)									. 0.00.				
		Tab	le I - Non-E	Derivat	ive S	ecurities	s Ac	quired, Di	sposed o	f, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transac Date					Execution Date, Day/Year) if any			Code (Instr. 5)				5. Amou Securitie		6. Ownership Form: Direct	7. Nature of Indirect	
(Month/												Beneficia Owned F		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				( , , , , , , , , , , , , , , , , , , ,			´ <del>  `                                   </del>	1	(A) or		Reported Transact	d [	(,, , , ,	(Instr. 4)		
								Code V	Amount	(D)	Price	(Instr. 3				
		-	Table II - De									Owned				
			(e.	.g., put	s, cal	ls, warr	ants	s, options,	converti	ble secu	rities)					
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution Datif any (Month/Day/Ye	Transaction Code (Instr.		n of i		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
											Amount					
								Date	Expiration		Number					
				Cod	le V	(A)	(D)	Exercisable	Date	Title	Shares					
Employee Stock Option (Right to Buy)	\$9.15	03/15/2023		A		78,600		(1)	03/14/2033	Common Stock	78,600	\$0.00	78,600	D		
Restricted Stock Unite (RSU)	(2)	03/15/2023		A		52,400		(3)	03/15/2027	Common Stock	52,400	\$0.00	52,400	D		

## **Explanation of Responses:**

- 1. The option vests as to 1/48th of the total shares on April 15, 2023 and then 1/48th of the total shares vest monthly thereafter, subject to the reporting person's continued service to the issuer through each
- 2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one (1) share of the issuer's Common Stock upon settlement.
- 3. The RSUs vest as to 1/4th of the total shares annually beginning March 15, 2024, subject to the reporting person's continued service to the issuer through each vesting date.

## Remarks:

/s/ Stephen Tulipano, Attorneyin-Fact

\*\* Signature of Reporting Person

03/17/2023

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.