FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-									
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hours per respons	se: 0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							` '				ompany Act									
Name and Address of Reporting Person* Ticho Barry					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>															Direc			10% O		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X	belov	Officer (give title below)		Other (specify below)		
C/O STOKE THERAPEUTICS, INC.					07/03	07/03/2023									Chief Medical Officer					
45 WIGGINS AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)								· I	6. Individual or Joint/Group Filing (Check Applicable Line)							
													X Form filed by One Reporting Person					son		
(Street) BEDFORD MA 01730													Form filed by More than One Reporting Person							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						neck tl itisfy tl	nis box ne affirr	to ind native	icate tl defen	hat a tra	ansaction was ditions of Rule	made p 10b5-1	ursuant to (c). See Ins	a contr struction	act, inst n 10.	truction or wr	itten p	olan that is in	tended to	
		Table	1 - 1	Non-Derivat	tive S	ecur	ities	Acc	quire	ed, Di	sposed o	f, or	Benefic	ially	Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Dat if any (Month/Day/Yo		Date,	Date, Tra			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			ind 5) Se Be Ov Fo		5. Amount of Securities Beneficially Owned Following		wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								C	ode	v	Amount	(A) or (D)	Price	Tr		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 07/03/2023					3			S ⁽¹⁾		15,000	D	\$10.59	.5982 ⁽²⁾		25,895		D			
	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	nversion Date Execution Date, if any (Month/Day/Year) ivative				ransaction Number ode (Instr. of		ative rities ired osed	(Month/Day/Year) ve es d ed 4, 4			Amount of Securities Underlying Derivative Security (Instr. 3 and		unt		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code V (A) (D)			(D)	Date	e rcisable	Expiration Date	Title	of Shares							

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on November 17, 2022 by the reporting person.
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.28 to \$10.77 per share, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Stephen Tulipano, Attorney-in-Fact

07/06/2023

** 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.