FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549
Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

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

Check this box to indicate that a

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:
	Estimated average I
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:
or Section 30(h) of the Investment Company Act of 1940	

transac contrac the pur securiti to satis	chase or sale of es of the issuer fy the affirmative ons of Rule 10b	pursuant to a written plan for f equity that is intended de defense																			
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						
Kaye Edward M. MD					St	Stoke Therapeutics, Inc. [STOK]									I ' -	(Check all applicable) Director 10% Owner					
																- 055	give title		Other (s	· I	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										below) below)						
C/O STC	KE THER	APEUTICS, INC	C.		12	12/30/2024										CEO					
45 WIGO	GINS AVEN	NUE																			
					- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) BEDFOF	RD M	Α	01730		_										Line	Form fi	led by Mor		orting Persor n One Repor		
(City)	(S	tate)	(Zip)													Person					
		Tah	ole I - Nor	Doriv	vativ	. 50	curit	ios Ac	· aui	rod D	ien	osod o	f or B	000	ficiall	v Ownod					
			ne i - Noi						÷	-	ısp		-			_		1	1		
1. Title of Security (Instr. 3) 2. Trans Date (Month/						2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.							5. Amount of Securities Beneficially Owned Following Reported		Form (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									[Code V	,	Amount	(A)		Price	Transact (Instr. 3 a	ion(s)			ilistr. 4)	
Common Stock 1				12/3	30/2024				\top	M		35,00	00 A		\$0.6	6 96,885			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
4 Tide of	2	2 Troncostion				Can	·	umber	<u> </u>				7. Title			8. Price of	O. Niversha		10.	44 Natura	
1. Title of Derivative Security 2. Conversion Or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)				Date,	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) o Disp of (I	vative urities uired	6. Date Exercisable and Expiration Date (Month/Day/Year)				of Secu Underly Derivati (Instr. 3	rities ing ve Se	curity	8. Price of Derivative Security (Instr. 5)		e Ov s Fo olly Di or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
														Ar	mount						
					Code	v	(A)	(D)	Date	e rcisable	Ex	piration	Title	Ni of	umber						
Employee Stock Option (Right to Buy)	\$0.6	12/30/2024			M		(-)	35,000		(1)		/02/2028	Commo Stock	+	5,000	\$0	567,80)1	D		

Explanation of Responses:

1. The option became fully vested as of October 17, 2022.

/s/ Jonathan Allan, Attorney-in-01/02/2025

Fact

** 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.