FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruc	tion 1(b).			File	d pursi	uant	to Section	n 16(a) of the	Secur	ities Exchanç	ge Act	of 193	4					
											ompany Act								
						Issuer Name and Ticker or Trading Symbol Stoke Therapeutics, Inc. [STOK]									elationshi ck all app Dired	•	ig Perso X	n(s) to Is	
(Last) (First) (Middle) L						3. Date of Earliest Transaction (Month/Day/Year) 11/08/2019									Offic below	er (give title w)		Other below)	(specify
(Street) NEW YORK NY 10011				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Tab	e I - N	on-Deriv	ative	Se	curitie	s Ac	quire	d, Di	sposed o	f, or	3ene	ficiall	y Own	ed			
Date Ex (Month/Day/Year) if						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Secur Benef	ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	r P	rice	Trans	action(s) 3 and 4)			(IIISU: 4)
Common Shares 11/08/2					2019)19		S		16,434	D	\$	28.698	5 3,5	3,544,248		[By RTW ⁽¹⁾	
		Ta	ıble II ·								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		Code (ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	m: ect (D) ndirect	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Sha	ber	er				
		Reporting Person* IENTS, LP																	
(Last) 412 WES		(First) FREET, FLOOR	`	iddle)															
(Ctt)						-													

(Street) **NEW YORK** NY 10011 (City) (State) (Zip) 1. Name and Address of Reporting Person* **WONG RODERICK** (Last) (First) (Middle) C/O RTW INVESTMENTS, LP 412 WEST 15TH STREET, FLOOR 9 (Street) **NEW YORK** NY 10011

(State)

Explanation of Responses:

(City)

1. The securities reported herein may be deemed beneficially owned by each of: (i) RTW Investments, LP ("RTW"), which is deemed the beneficial owner of shares held by RTW Master Fund, Ltd., RTW Venture Fund Limited and RTW Innovation Master Fund, Ltd. (the "Funds"), which are investment funds managed by RTW, and (ii) Roderick Wong, M.D who serves as the Managing Partner and Chief Investment Officer of RTW. Dr. Wong exercises voting and dispositive control over the securities held by RTW and is therefore deemed to be a beneficial owner of securities owned or controlled by RTW. Each of RTW and Dr. Wong disclaim beneficial ownership of the reported securities held by the Funds, except to the extent of its or his pecuniary interest therein.

Roderick Wong By: /s/

Roderick Wong

** Signature of Reporting Person

Date

11/12/2019

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.