UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 07, 2023

Stoke Therapeutics, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-38938**	**47-1144582**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

45 Wiggins Ave **Bedford, Massachusetts**	**01730**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (781) 430-8200

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $0.0001 par value per share	STOK	Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On August 7, 2023, Stoke Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the quarter ended June 30, 2023. A copy of the press release is attached as Exhibit 99.1 to this report.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Press release issued by Stoke Therapeutics, Inc. regarding its Q2 2023 financial results, dated August 7, 2023
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

STOKE THERAPEUTICS, INC.

Date: August 7, 2023

By: /s/ Stephen J. Tulipano

Stephen J. Tulipano
Chief Financial Officer

Stoke Therapeutics Reports Second Quarter Financial Results and Provides Business Updates

– STK-001: Additional data from patients treated with single and multiple doses (70mg) along with data from open-label extension studies (30mg, 45mg) anticipated in Q1 2024 –

– STK-001: Company plans to share an update on Phase 3 planning in 1H 2024 –

– STK-002: Company received authorization to initiate a Phase 1 study in the UK for the treatment of Autosomal Dominant Optic Atrophy (ADOA) –

– As of June 30, 2023, Company had $231.4 million in cash, cash equivalents and marketable securities, anticipated to fund operations to the end of 2025 –

BEDFORD, Mass., August 7, 2023 – Stoke Therapeutics, Inc. (Nasdaq: STOK), a biotechnology company dedicated to addressing the underlying cause of severe diseases by upregulating protein expression with RNA-based medicines, today reported financial results for the second quarter of 2023 and provided business updates including those related to STK-001, the company's proprietary antisense oligonucleotide (ASO) being developed by Stoke as the first potential new medicine to address the genetic cause of Dravet syndrome.

"We recently shared positive new data supporting the potential for STK-001 as the first disease-modifying treatment for Dravet syndrome. The data showed substantial and sustained reductions in convulsive seizure frequency on top of the current standard of care, along with improvements in multiple measures of cognition and behavior, a first in the treatment of this disease," said Edward M. Kaye, M.D., Chief Executive Officer of Stoke Therapeutics. "The response from clinicians to the data has been highly encouraging and we look forward to spending more time sharing it with them at the International Epilepsy Congress in September. We are continuing our Phase 3 preparations as we gather additional data for analysis in Q1 2024 to inform a pivotal study design."

Second Quarter 2023 Business Highlights and Recent Developments

Dravet Syndrome

- In July, the Company announced that dosing is complete in the Phase 1/2a MONARCH and ADMIRAL studies.
- In July, the Company shared positive new safety and efficacy data from the ongoing studies of STK-001 in children and adolescents with Dravet syndrome that suggest clinical benefit for patients ages 2 to 18 years old, including reductions in seizures and improvements in cognition and behavior that support the potential for disease modification. Single and multiple doses of STK-001 from 10mg up to 70mg have been generally well tolerated.

Autosomal Dominant Optic Atrophy (ADOA)

- In June, the Company completed enrollment (n=48) in the FALCON natural history study of people ages 8 to 60 who have an established clinical diagnosis of ADOA that is caused by a heterozygous*OPA1* gene variant. The study is ongoing.
- In April, the Company received authorization of its Clinical Trial Application (CTA) by the United Kingdom Medicines and Healthcare products Regulatory Agency (MHRA) to initiate a Phase 1 study (OSPREY) of STK-002 for the treatment of autosomal dominant optic atrophy (ADOA), the most common inherited optic nerve disorder. OSPREY is a study of children and adults ages 6 to 55 who have an established diagnosis of ADOA and have evidence of a genetic mutation in the *OPA1*gene.

Upcoming Anticipated Milestones

Dravet Syndrome

- The Company plans to provide more detail on data from the ongoing clinical studies at the 35th International Epilepsy Congress September 2-6, 2023 in Dublin, Ireland and also at the American Epilepsy Society (AES) December 1-5, 2023 in Orlando, Fla.
- The Company is on track to complete the Phase 1/2a MONARCH and ADMIRAL studies by year-end.
- The Company anticipates additional data, including the end of study data from MONARCH (including patients treated with a single dose of 70mg) and ADMIRAL as well as additional data from the SWALLOWTAIL and LONGWING open label extension studies (OLEs) in the first quarter of 2024. These data are anticipated to inform dose level and dosing regimen for the planned Phase 3 study.
- The Company plans to share an update on Phase 3 planning for STK-001 in the first half of 2024.

Autosomal Dominant Optic Atrophy (ADOA)

- The Company plans to initiate the Phase 1 study (OSPREY) of STK-002 in the UK in early 2024.

Second Quarter 2023 and Year-to-Date Financial Results

- As of June 30, 2023, Stoke had approximately $231.4 million in cash, cash equivalents, and marketable securities, which is anticipated to fund operations to the end of 2025.
- Revenue recognized for upfront license fees and services provided from a License and Collaboration Agreement with Acadia Pharmaceuticals for the three months ended June 30, 2023, was $(2.5) million, compared to $3.2 million for the same period in 2022.
- During the quarter ended June 30, 2023, Stoke updated its estimate of the total effort it expected to expend to satisfy its performance obligations under the Acadia

collaboration. As a result, Stoke recorded a cumulative catch-up adjustment of $(5.3) million which resulted in a reversal of revenue during the quarter ended June 30, 2023. The adjustment was recorded because the total cost to complete the work associated with the three targets increased.

- Net loss for the three months ended June 30, 2023, was $30.7 million, or $0.69 per share, compared to $24.7 million, or $0.63 per share, for the same period in 2022.
- Research and development expenses for the three months ended June 30, 2023, were $20.6 million, compared to $18.4 million for the same period in 2022.
- General and administrative expenses for the three months ended June 30, 2023, were $10.2 million, compared to $10.1 million for the same period in 2022.
- Revenue recognized for upfront license fees and services provided from a License and Collaboration Agreement for the six months ended June 30, 2023, was $2.7 million, compared to $6.2 million for the same period in 2022.
- Net loss for the six months ended June 30, 2023, was $53.2 million, or $1.23 per share, compared to $49.3 million, or $1.29 per share, for the same period in 2022.
- Research and development expenses for the six months ended June 30, 2023, were $40.2 million, compared to $36.7 million for the same period in 2022.
- General and administrative expenses for the six months ended June 30, 2023, were $20.4 million, compared to $19.6 million for the same period in 2022.
- The increase in expenses for the three and six month periods ending June 30, 2023 over the same periods in 2022 primarily relate to increases in costs associated with personnel, third party contracts, consulting, facilities and others associated with development activities for STK-001 and STK-002, research on additional therapeutics and growing a public corporation.

About Dravet Syndrome

Dravet syndrome is a severe and progressive genetic epilepsy characterized by frequent, prolonged and refractory seizures, beginning within the first year of life. Dravet syndrome is difficult to treat and has a poor long-term prognosis. Complications of the disease often contribute to a poor quality of life for patients and their caregivers. The effects of the disease go beyond seizures and often include intellectual disability, developmental delays, movement and balance issues, language and speech disturbances, growth defects, sleep abnormalities, disruptions of the autonomic nervous system and mood disorders. The disease is classified as a developmental and epileptic encephalopathy due to the developmental delays and cognitive impairment associated with the disease. Compared with the general epilepsy population, people living with Dravet syndrome have a higher risk of sudden unexpected death in epilepsy, or SUDEP. There are no approved disease-modifying therapies for people living with Dravet syndrome. One out of 16,000 babies are born with Dravet syndrome, which is not concentrated in a particular geographic area or ethnic group.

About STK-001
STK-001 is an investigational new medicine for the treatment of Dravet syndrome currently being evaluated in ongoing clinical trials. Stoke believes that STK-001, a proprietary antisense oligonucleotide (ASO), has the potential to be the first disease-modifying therapy to address the genetic cause of Dravet syndrome. STK-001 is designed to upregulate NaV1.1 protein expression by leveraging the non-mutant (wild-type) copy of the *SCN1A* gene to restore physiological NaV1.1 levels, thereby reducing both occurrence of seizures and significant non-seizure comorbidities. STK-001 has been granted orphan drug designation by the FDA and the EMA, and rare pediatric disease designation by the FDA as a potential new treatment for Dravet syndrome.

About the Phase 1/2a MONARCH Study (United States)
The MONARCH study is a Phase 1/2a open-label study of children and adolescents ages 2 to 18 who have an established diagnosis of Dravet syndrome and have evidence of a genetic mutation in the *SCN1A*gene. The primary objectives for the study are to assess the safety and tolerability of STK-001, as well as to determine the pharmacokinetics in plasma and exposure in cerebrospinal fluid. A secondary objective is to assess the efficacy as an adjunctive antiepileptic treatment with respect to the percentage change from baseline in convulsive seizure frequency. Stoke also intends to measure non-seizure aspects of the disease, such as quality of life, as secondary endpoints. Additional information about the MONARCH study can be found at https://www.monarchstudy.com/.

Patients who participated in the MONARCH study and meet study entry criteria are eligible to continue treatment in SWALLOWTAIL, an open-label extension (OLE) study designed to evaluate the long-term safety and tolerability of repeat doses of STK-001. We expect that SWALLOWTAIL will also provide valuable information on the preliminary effects of STK-001 on seizures along with non-seizure aspects of the disease, such as quality of life and cognition. Enrollment and dosing in SWALLOWTAIL are ongoing.

About the Phase 1/2a ADMIRAL Study (United Kingdom)
The ADMIRAL study is a Phase 1/2a open-label study of children and adolescents ages 2 to <18 who have an established diagnosis of Dravet syndrome and have evidence of a genetic mutation in the *SCN1A* gene. The primary objectives for the study are to assess the safety and tolerability of multiple doses of STK-001, as well as to determine the pharmacokinetics in plasma and exposure in cerebrospinal fluid. A secondary objective is to assess the effect of multiple doses of STK-001 as an adjunctive antiepileptic treatment with respect to the percentage change from baseline in convulsive seizure frequency. Stoke also intends to measure non-seizure aspects of the disease, such as overall clinical status and quality of life, as secondary endpoints.

Patients who participated in the ADMIRAL study and meet study entry criteria are eligible to continue treatment in LONGWING, an open-label extension (OLE) study designed to evaluate the long-term safety and tolerability of repeat doses of STK-001. We expect that LONGWING will also provide valuable information on the preliminary effects of STK-001 on seizures along with non-seizure aspects of the disease, such as quality of life and cognition. Enrollment and dosing in LONGWING are ongoing.

About Autosomal Dominant Optic Atrophy (ADOA)
Autosomal dominant optic atrophy (ADOA) is the most common inherited optic nerve disorder. It is a rare disease that causes progressive and irreversible vision loss in both eyes starting in the first decade of life. Severity can vary and the rate of vision loss can be difficult to predict. Roughly half of people with ADOA fail driving standards and up to 46% are registered as legally blind. More than 400 *OPA1* mutations have been reported in people diagnosed with ADOA. Currently there is no approved treatment for people living with ADOA. ADOA affects approximately one in 30,000 people globally with a higher incidence in Denmark of one in 10,000 due to a founder effect.

About STK-002
STK-002 is a proprietary antisense oligonucleotide (ASO) in preclinical development for the treatment of Autosomal Dominant Optic Atrophy (ADOA). Approximately 80% of individuals with ADOA experience symptoms before age 10, typically beginning between the ages of 4 and 6. Stoke believes that STK-002 has the potential to be the first disease-modifying therapy for people living with ADOA. An estimated 65% to 90% of cases are caused by mutations in the *OPA1* gene, most of which lead to a haploinsufficiency resulting in 50% OPA1 protein expression and disease manifestation. STK-002 is designed to upregulate OPA1 protein expression by leveraging the non-mutant (wild-type) copy of the *OPA1*gene to restore OPA1 protein expression with the aim to stop or slow vision loss in patients with ADOA. Stoke has generated preclinical data demonstrating proof-of-mechanism and proof-of-concept for STK-002. STK-002 has been granted orphan drug designation by the FDA as a potential new treatment for ADOA and the company has received authorization of its CTA from the MHRA.

About the Phase 1 OSPREY Study (United Kingdom)
The OSPREY study is a Phase 1 open-label study of children and adults ages 6 to 55 who have an established diagnosis of ADOA and have evidence of a genetic mutation in the *OPA1* gene. The primary objectives for the study are to assess the safety and tolerability of single ascending doses of STK-002, as well as to determine the exposure in blood. A secondary objective is to assess efficacy following intravitreal (IVT) administration of STK-002 in one eye of each patient as measured by changes in visual function and ocular structure as well as quality of life in patients with ADOA. Enrollment and dosing are anticipated to begin in early 2024.

About the FALCON Study
FALCON is a multicenter, prospective natural history study of people ages 8 to 60 who have an established clinical diagnosis of ADOA that is caused by a heterozygous *OPA1* gene variant. No investigational medications or other treatments will be provided. The study enrolled 48 patients across10 sites in the U.S., U.K., Italy and Denmark. Patients undergo assessments at baseline, 6 months, 12 months, 18 months, and 24 months. There will be no additional follow-up period.

About TANGO
TANGO (Targeted Augmentation of Nuclear Gene Output) is Stoke's proprietary research platform. Stoke's initial application for this technology are diseases in which one copy of a gene

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functions normally and the other is mutated, also called haploinsufficiencies. In these cases, the mutated gene does not produce its share of protein, resulting in disease. Using the TANGO approach and a deep understanding of RNA science, Stoke researchers design antisense oligonucleotides (ASOs) that bind to pre-mRNA and help the functional (or wild-type) genes produce more protein. TANGO aims to restore missing proteins by increasing – or stoking – protein output from healthy genes, thus compensating for the mutant copy of the gene.

About Stoke Therapeutics
Stoke Therapeutics (Nasdaq: STOK), is a biotechnology company dedicated to addressing the underlying cause of severe diseases by upregulating protein expression with RNA-based medicines. Using Stoke's proprietary TANGO (Targeted Augmentation of Nuclear Gene Output) approach, Stoke is developing antisense oligonucleotides (ASOs) to selectively restore protein levels. Stoke's first compound, STK-001, is in clinical testing for the treatment of Dravet syndrome, a severe and progressive genetic epilepsy. Dravet syndrome is one of many diseases caused by a haploinsufficiency, in which a loss of ~50% of normal protein levels leads to disease. Stoke is pursuing the development of STK-002 for the treatment of autosomal dominant optic atrophy (ADOA), the most common inherited optic nerve disorder. Stoke's initial focus is haploinsufficiencies and diseases of the central nervous system and the eye, although proof of concept has been demonstrated in other organs, tissues, and systems, supporting its belief in the broad potential for its proprietary approach. Stoke is headquartered in Bedford, Massachusetts with offices in Cambridge, Massachusetts. For more information, visit https://www.stoketherapeutics.com/ or follow Stoke on Twitter at @StokeTx.

Cautionary Note Regarding Forward-Looking Statements
This press release contains forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, including, but not limited to: the Company's quarterly results and cash runway; its future operating results, financial position and liquidity; the ability of STK-001 to treat the underlying causes of Dravet syndrome and reduce seizures or show improvements in behavior or cognition; the ability of STK-002 to treat the underlying causes of ADOA; the timing and expected progress of clinical trials, data readouts and presentations; the timing or receipt of regulatory approvals; the ability of TANGO to design medicines to increase protein production and the expected benefits thereof. Statements including words such as "plan," "will," "continue," "expect," or "ongoing" and statements in the future tense are forward-looking statements. These forward-looking statements involve risks and uncertainties, as well as assumptions, which, if they prove incorrect or do not fully materialize, could cause our results to differ materially from those expressed or implied by such forward-looking statements, including, but not limited to, risks and uncertainties related to: the Company's ability to advance its product candidates, obtain regulatory approval of and ultimately commercialize its product candidates; the timing and results of preclinical and clinical trials; positive results in a clinical trial may not be replicated in subsequent trials or successes in early stage clinical trials may not be predictive of results in later stage trials; preliminary interim data readouts of ongoing trials may show results that change when such trials are completed; the Company's ability to fund development activities and achieve development goals to the end of 2025; the Company's ability to protect its intellectual property; the direct and indirect impacts

of public health crises, including the COVID-19 pandemic, on the Company's business; and other risks and uncertainties described under the heading "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2022, its quarterly reports on Form 10-Q, and the other documents the Company files from time to time with the Securities and Exchange Commission. These forward-looking statements speak only as of the date of this press release, and the Company undertakes no obligation to revise or update any forward-looking statements to reflect events or circumstances after the date hereof.

Financial Tables Follow

Stoke Therapeutics, Inc.
Consolidated balance sheets
(in thousands, except share and per share amounts)
(unaudited)

	June 30, 2023	December 31, 2022
Assets		
Current assets:		
Cash and cash equivalents	$ 192,060	$ 113,556
Marketable securities	39,387	116,039
Prepaid expenses	10,950	10,932
Other current assets	3,699	2,955
Interest receivable	136	588
Total current assets	$ 246,232	$ 244,070
Restricted cash	569	569
Operating lease right-of-use assets	3,646	4,753
Property and equipment, net	6,472	6,675
Total assets	$ 256,919	$ 256,067
Liabilities and stockholders' equity		
Current liabilities:		
Accounts payable	$ 1,556	$ 766
Accrued and other current liabilities	12,222	15,748
Deferred revenue - current portion	8,059	14,880
Total current liabilities	$ 21,837	$ 31,394
Deferred revenue - net of current portion	43,258	36,856
Other long term liabilities	1,629	2,968
Total long term liabilities	44,887	39,824
Total liabilities	$ 66,724	$ 71,218
Commitments and contingencies		
Stockholders' equity		
Common stock, par value of $0.0001 per share; 300,000,000 shares authorized, 44,202,997 and 39,439,575 shares issued and outstanding as of June 30, 2023 and December 31, 2022, respectively	4	4
Additional paid-in capital	540,919	483,170
Accumulated other comprehensive loss	(379)	(1,175)
Accumulated deficit	(350,349)	(297,150)
Total stockholders' equity	$ 190,195	$ 184,849
Total liabilities and stockholders' equity	$ 256,919	$ 256,067

Stoke Therapeutics, Inc.
Consolidated statements of operations and comprehensive loss
(in thousands, except share and per share amounts)
(unaudited)

	Three months ended June 30,		Six Months Ended June 30,	
	2023	2022	2023	2022
Revenue	$ (2,481)	$ 3,231	$ 2,671	$ 6,232
Operating expenses:				
Research and development	20,551	18,358	40,182	36,668
General and administrative	10,230	10,111	20,442	19,596
Total operating expenses	30,781	28,469	60,624	56,264
Loss from operations	(33,262)	(25,238)	(57,953)	(50,032)
Other income:				
Interest income (expense), net	2,567	544	4,670	648
Other income (expense), net	41	42	84	83
Total other income	2,608	586	4,754	731
Net loss	$ (30,654)	$ (24,652)	$ (53,199)	$ (49,301)
Net loss per share, basic and diluted	$ (0.69)	$ (0.63)	$ (1.23)	$ (1.29)
Weighted-average common shares outstanding, basic and diluted	44,188,464	39,258,358	43,367,032	38,358,936
Comprehensive loss:				
Net loss	$ (30,654)	$ (24,652)	$ (53,199)	$ (49,301)
Other comprehensive gain (loss):				
Unrealized gain (loss) on marketable securities	219	(592)	796	(1,108)
Total other comprehensive loss	$ 219	$ (592)	$ 796	$ (1,108)
Comprehensive loss	$ (30,435)	$ (25,244)	$ (52,403)	$ (50,409)

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