FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

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

					OI OCCIOII O	o(ii) or the iii	estment Company Act of 1940					
Name and Address of Reporting Person* Reeve Emma			2. Date of Event Requiring Statement (Month/Day/Year) 12/14/2018			3. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [PTCT]						
(Last)	(First)	(Middle)										
C/O PTC THERAPEUTICS INC. 100 CORPORATE COURT						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
						_ ^	Officer (give title below)	Other (specify below		Individual or Joint/Group Filing (Check Applicable Line)		
(Street)							Officer (give title below)	Otrici (specify i	ciow)	X Form filed by On	e Reporting Person	
SOUTH PLAINFIELD	NJ	07080								Form filed by Mo	ore than One Reporting Person	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount o (Instr. 4)	f Securities Beneficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Deri (Instr. 4)		vative Security 4. Convers Exercise P of Derivati Security		ice Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security			

Remarks:

/s/ Avraham S. Adler, attorney-in-fact

12/18/2018

** Signature of Reporting Person

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 5 (b)(v).

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*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.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Donald Mankoff, Mark Boulding, Avraham Adler and Martin Rexroad, sign (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of PTC Therapeutics, Inc. (the "Company"), Forms 3, 4, (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to prepare, complete and execute any such Form 3, 4, or (3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Company's securities from any thit (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney in fact, may be of benefit to, in the best :

The undersigned hereby grants to each such attorney in fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or this Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 16th day of December, 2018.

/s/Emma Reeve Signature

Emma Reeve Print Name