SEC For	m 4 FORM	٨				ECURITIE	S AN	ID F	ХСНА	NG	E CO	MMIS	NOI22						
				ITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								HIP	Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person <sup>*</sup> <u>Pauwels Eric</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>PTC THERAPEUTICS, INC.</u> [ PTCT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify				vner			
	(Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 100 CORPORATE COURT				3. Date of Earliest Transaction (Month/Day/Year) 01/05/2023								below) below)     CHIEF BUSINESS OFFICER				ર		
(Street) SOUTH NJ 07080			07080		4. If Am							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Tak	ole I - Nor	n-Deriv	ative So	ecurities Ac	quired	l, Dis	posed o	of, or	r Bene	eficially	y Owned						
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da		saction /Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea	3. Transaction Code (Instr. ) 8)					(A) or 3, 4 and	4 and Securities Beneficially Owned Foll		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 01/05				5/2023		Α		18,000	)(1)	Α	\$ <mark>0</mark>	<b>\$</b> 0 <b>6</b> 8,363 <sup>(2)</sup>		I	D				
			Table II -	Deriva (e.g., j	itive Sec outs, cal	curities Acqu Is, warrants	uired, , optic	Dispo ns, c	osed of, onvertil	or E ble s	Benefi securit	icially ties)	Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day		d 4. Date, Transaction Code (Instr.			6. Date Expirati (Month/	on Date	able and 7. Title and of Securitie		ecurities erlying vative Se	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e O s F Ily D o g (I	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)				

10 Number Expiration Date Date Exercisable of Shares v (D) Code (A) Title Stock Option (Right to Buy) Common Stock 01/05/2023 (3) \$39.42 A 45,000 01/04/2033 45,000 \$<mark>0</mark> 45,000 D

Explanation of Responses:

1. Restricted stock units granted on January 5, 2023 that vest in four equal installments over four years, commencing on January 5, 2024.

2. Includes 293 shares of common stock acquired under the Issuer's employee stock purchase plan for the period ending June 30, 2022 and 298 shares of common stock acquired under the Issuer's employee stock purchase plan for the period ending December 31, 2022.

3. This option was granted on January 5, 2023, and vests over four years, with 25% of the shares underlying the option vesting on January 5, 2024, and an additional 6.25% of the original number of shares underlying the option vesting at the end of each successive three-month period thereafter, beginning on April 5, 2024.

/s/ Avraham S. Adler,	Attorney- 01/00/2022
in-Fact	01/09/2023

\*\* Signature of Reporting Person Date

Amount

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.