FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 19 | OMB APP | ROVAL |
|--------------------|-------------|--------|
| IEEICIAI OWNERSHIP | OMB Number: | 3235-0 |

| | OMB Number: | 3235-0287 |
|---|----------------------|-----------|
| | Estimated average to | ourden |
| П | hours nor roomanas | 0.5 |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Klein Matthew B. | | | | | 2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [PTCT] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | wner | |
|--|--|--|---|-----------------|---|--------------------------------------|---|------|----------------------|----------|---|--------|---|--|---|---|---|------------|--|
| (Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 100 CORPORATE COURT | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2023 CHIEF OPERATING OFFICER | | | | | | | | | | ER | | | | |
| (Street) SOUTH PLAINF | IELD NJ | 0 | 7080 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | , | | | | | |
| (City) | (Sta | ate) (Z | (ip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non- | -Derivat | tive S | Secur | rities | Acc | quire | d, Di | sposed of | , or B | enefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | Execution Date, | | 9, | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 01/10/202 | | | | | 23 | | | S | | 2,273(1) | D | \$42. | 9329 | 80 | 30,100 | | D | | |
| Common Stock 01/11/200 | | | 01/11/202 |)23 | | | S | | 2,244 ⁽¹⁾ | D | \$44. | 1.3596 | | 77,856 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ar) 3A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Nui of Deriv. Secui Acqui (A) or Dispo of (D) (Instr. and 5 | | | ative ities red sed 3, 4 | Expiration Date (Month/Day/Year) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amoun or Numbe of Shares | er | | | | | |

Explanation of Responses:

1. Represents shares automatically sold pursuant to an irrevocable sell to cover election to satisfy tax withholding obligations in connection with the vesting of 15,250 RSUs from January 7, 2022 grants of a total of 41,000 RSUs.

/s/ Avraham S. Adler, Attorney-in-Fact

01/12/2023

** 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.