FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Boulding Mark Elliott | | | | | | 2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [PTCT] | | | | | | | | | ck all applic Directo Officer | able) | g Pers | on(s) to Issu 10% Ow Other (s | ner |
|---|---|------------|--|----------|--|---|--|------|--|-------------------|-----------------------------|---|-----------------------------------|-------------------------|---|--|--------|--|--|
| (Last) | (First) (Middle) TC THERAPEUTICS, INC., | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2014 | | | | | | | | | below) | Exec. VP, | , and | below) | | |
| 100 COF | RPORATE (| COURT | | | L | | | | | | | | | | | | | | |
| (Street) SOUTH PLAINF | IELD N | J | 07080 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filene) X Form filed by One R Form filed by More to Person | | | | | | Repo | rting Persor | . | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curities | s Ac | quired, C | isp | osed o | f, or Be | nefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | , Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | 4 and Securitie Benefici | | es Formally (D) (Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | <i>,</i> | Amount (A) or (D) | | r Pri | ce | Transact (Instr. 3 a | ction(s) | | | instr. 4) | |
| | | - | Table II - I | | | | | | uired, Dis , options | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | epiration ate | Title | Amo or Num of Shar | oer | | | | | |
| Stock Option (right to | \$27.05 | 01/28/2014 | | | A | | 80,000 | | (1) | 01. | /27/2024 | Common Stock | 80,0 | 00 | \$27.05 | 80,000 |) | D | |

Explanation of Responses:

1. This option was granted on January 28, 2014, and vests over four years, with 25% of the shares underlying the option vesting on January 1, 2015, 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 1, 2015.

/s/ Donald Mankoff Attorney-

in-Fact

** Signature of Reporting Person

Date

01/30/2014

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.