Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
		_00.0	

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
hours per response:	1.0									

Form 3	Holdings Repo	rted.											Tiou	iis pei	response.	1.0	
Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Exchai ompany Act								
Name and Address of Reporting Person*     Rothera Mark				2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [ PTCT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify						
(Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 100 CORPORATE COURT				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/20/2015						Year)	below) below)  Chief Commercial Officer						
(Street) SOUTH PLAINFI (City)	ELD NJ		7080 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed o	of, or	Benefici	ally Own	ed				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic	ies ially	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial		
							Amou	nt	(A) or (D)	Price	Issuer's	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			Ownership (Instr. 4)		
Common Stock 1			10/20/2015		G		9	216	D	\$0		0		D			
Common	Common Stock 10/20/2015				G		9	216	A	\$0	9	9,216		I	By Trust <sup>(1)</sup>		
		Ta	ble II - Derivat (e.g., p	ive Secur uts, calls,													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derive Secu Acque (A) of Dispersion	ivative (Month urities uired or coosed b) tr. 3, 4 5)		Date Exercisable and opiration Date Individual (print)  ate Expiration Pate Individual (print)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. This transaction involved a bona fide gift of securities by the reporting person to a trust of which the reporting person's spouse is a beneficiary.

/s/ Colleen Diver Johnson, attorney-in-fact

01/15/2016

\*\* 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 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.