

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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* <u>Golden Lee Scott</u>  (Last) (First) (Middle) <u>C/O PTC THERAPEUTICS, INC.</u>  (Street) <u>SOUTH PLAINFIELD NJ 07066</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>PTC THERAPEUTICS, INC. [ PTCT ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>CHIEF MEDICAL OFFICER</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/08/2024</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/08/2024		S		775 <sup>(1)</sup>	D	\$28.6403	39,139 <sup>(2)</sup>	D	
Common Stock	01/09/2024		S		1,225 <sup>(3)</sup>	D	\$29.0148	37,914	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)	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	Expiration Date					

**Explanation of Responses:**

- Represents shares automatically sold pursuant to an irrevocable sell to cover election entered into upon acceptance of the grant to satisfy tax withholding obligations in connection with the vesting of 2,666 RSUs from a January 5, 2023 grant of 10,640 RSUs.
- Includes 327 shares of common stock acquired under the Issuer's employee stock purchase plan for the period ending June 30, 2023 and 301 shares of common stock acquired under the Issuer's employee stock purchase plan for the period ending December 31, 2023.
- Represents shares automatically sold pursuant to irrevocable sell to cover elections entered into upon acceptance of the respective grants to satisfy tax withholding obligations in connection with the vesting of 990 RSUs from a January 6, 2021 grant of 3,960 RSUs and the vesting of 3,539 RSUs from January 7, 2022 grants totaling 14,155 RSUs.

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

01/10/2024

\*\* 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.