FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington.	D.C. 2	0549		

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative

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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Pauwels Eric				2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [PTCT]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 500 WARREN CORPORATE CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025										below) below) CHIEF EXECUTIVE OFFICER					
(Street) WARRE (City)			7059 Zip)		4. If A	Amend	ment,	Date o	f Origin	al File	d (Month/Da	y/Year)	Line	e) Form	filed by One filed by Mo filed by Mo on	e Rep	orting Pers	on
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					ties cially I Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or I	Price	Transa	ction(s) 3 and 4)			(11001. 4)
Common Stock 01/07/2				2025		S		1,599(1)	П)	\$45.3	4 8	8,941		D				
Common Stock 01/08/2				2025				s 2,136 ⁽²⁾		1)	\$44.5	8	86,805		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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities lired r osed)	6. Date Expirat (Month)	tion Da h/Day/Y		Amoi Secu Unde Deriv	rlying ative rity (In	str.	3. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. 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 4,500 RSUs from a January 5, 2023 grant of 18,000 RSUs.
- 2. 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 2,550 RSUs from a January 6, 2021 grant of 10,200 RSUs and the vesting of 4,200 RSUs from a January 7, 2022 grant of 16,800 RSUs.

/s/ Avraham S. Adler, 01/10/2025 Attorney-in-Fact

** 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.