FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington, D.C. 20549	

**OMB APPROVAL** 3235-0287

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response:

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 defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* Golden Lee Scott						2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [ PTCT ]									5. Relationship of Reporting Person(s) to Issu (Check all applicable)  Director 10% Own  Officer (give title Other (spe					
(Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 500 WARREN CORPORATE CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025									Officer (give title Other (specify below)  EVP & CHIEF MEDICAL OFFICER					
(Street) WARREN NJ 07059  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person							
		Table	I - Nor	n-Deriva	tive S	Secu	rities	S Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securitie Benefici		ties cially I Following	Forr (D) (	m: Direct	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	ed ection(s) 3 and 4)			(Instr. 4)	
Common Stock 01/07/2					2025	.025			S		810(1)	I	\$	45.34	79,849			D		
Common Stock 01/08/20					2025				S 1		1,198(2)	I	) {	644.5	78,651		D			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Dee Execution	(e.g., pı		alls, v	5. Nu of Deriv	ants, umber	optio	Exercion Da		7. Tit Amor Secu	Curiti le and unt of rities	8. F Der Sed	Owner	9. Number derivative Securities Beneficially		10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi	
(111501. 0)	Derivative Security			, bay, real , b		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						Underlying Derivative Security (Ins 3 and 4)		ou. 0j	Following Reported Transactio (Instr. 4)		or Indirect (I) (Instr. 4)	t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er							

## **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 2,666 RSUs from a January 5, 2023 grant of 10,640 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 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, 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.