FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|---|-------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | hours per respons | e 0.5 | | | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Svoronos Dawn | | | | | | 2. Issuer Name and Ticker or Trading Symbol PTC THERAPEUTICS, INC. [PTCT] | | | | | | | | | all app Direc | tor | ng Pers | 10% Ov | vner |
|--|--|--|------------|---|--------------|---|---------------------------|---|---------------------|---|---|--------------|------------------------|---|--|---|---------|---|---|
| (Last) (First) (Middle) C/O PTC THERAPEUTICS, INC. 100 CORPORATE COURT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021 | | | | | | | | | below | er (give title | | Other (s below) | вресіту Повероні повероні по |
| (Street) SOUTH PLAINFIELD (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 8. Indiv ine) X | · | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Da | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) o (D) | r Price | | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) |
| Common Stock 02/01/20 | | | | .021 | | | | S | | 506(1) | D | \$56. | 56.956 | | 27,430 | | 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) | | | tion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expiration I (Month/Day | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | orm: | Beneficial Ownership tt (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

1. Represents shares automatically sold pursuant to an irrevocable sell to cover election to satisfy tax withholding obligations in connection with the vesting of 963 RSUs from a January 29, 2020 grant of

Remarks:

/s/ Avraham S. Adler,

02/02/2021

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.