## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL
OMB Number:	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(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 MATSUI CONNIE  (Last) (First) (Middle)  C/O SUTRO BIOPHARMA, INC., 111 OYSTER POINT BLVD.			2. Issuer Name and Ticker or Trading Symbol SUTRO BIOPHARMA, INC. [STRO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director						
				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2022					Officer (give title below) Other (specify below)					
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu			s Acquired	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, /Day/Yea	if Coc (Ins	e (tr. 8)	A. Securities Acquain A. or Disposed of Instr. 3, 4 and 5)  (A) or Amount (D)	of (D) Owr Tran			d	Ownership Form:	Beneficial Ownership
Reminder:	Report on a s	,						s who respon					ed SEC 1	474 (9-02)
Reminder:			Table II -				in this display	ns who respon form are not re ys a currently vosed of, or Bene povertible secur	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC	474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	4. Transac Code	ts, calls,  5. N of I Sec or I of (	warrar fumber Derivation urities uired (A Disposed D) tr. 3, 4,	in this display	form are not roys a currently vosed of, or Bene onvertible securercisable and Date	equired to valid OMB eficially Ow	respond control r ned l Amount ing	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire (s) (I)	11. Nation of Indirection Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	4. Transac Code	ts, calls,  5. N of I Sec Acc or I of ( (Ins	warrar fumber Derivation urities uired (A Disposed D) tr. 3, 4,	in this display cquired, Disp ts, options, c  6. Date Ex Expiration (Month/Da	form are not regs a currently wosed of, or Beneonvertible securercisable and Date my/Year)	equired to valid OMB eficially Ow ities)  7. Title and of Underly Securities	respond control r ned l Amount ing	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nati of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MATSUI CONNIE C/O SUTRO BIOPHARMA, INC. 111 OYSTER POINT BLVD. SOUTH SAN FRANCISCO, CA 94080	X					

## **Signatures**

/s/ Edward C. Albini as attorney-in-fact	06/08/2022
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- The option vests as to 8.33% of the total shares monthly, commencing July 6, 2022, with 100% of the total shares vested and exercisable on the earlier of the issuer's 2023 annual stockholders meeting or June 6, 2023, subject to the reporting person's provision of service to the issuer on each vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.