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FORM 4

Check this box if no longer subject to

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for ti purchase or sale of equity securities of issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	
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1. Name and Address of Reporting Person* Leyman Barbara			2. Issuer Name and Ticker or Trading Symbol <u>SUTRO BIOPHARMA, INC.</u> [STRO]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) C/O SUTRO BIO	.ast) (First) (Middle) 2/O SUTRO BIOPHARMA, INC.		3. Date of Earliest Transaction (Month/Day/Year) 04/04/2025	x	Officer (give title below) Chief Business I	Other (specify below)			
111 OYSTER POINT BOULEVARD		ARD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	 Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 				
(Street)					, ,	n One Reporting Person			
SOUTH SAN FRANCISCO	CA	94080							
(City)	(State)	(Zip)							
	-	(Zip)	-Derivative Securities Acquired, Disposed of, or Bene	ficially Own	ned				

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature of 3 Transaction Form: Direct (D) Date Execution Date. Securities Indirect (Month/Day/Year) if any Code (Instr. Beneficially Owned or Indirect (I) Beneficial (Month/Dav/Year) 8) Following Reported (Instr. 4) Ownership Transaction(s) (Instr. 4) (A) or (Instr. 3 and 4) Code v Price Amount ίD

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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative		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	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	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$0.55	04/04/2025		A		91,000		(1)	04/04/2035	Common Stock	91,000	\$ <u>0</u>	91,000	D	
Restricted Stock Units (RSUs)	(2)	04/04/2025		A		84,500		(3)	03/02/2029	Common Stock	84,500	\$0	84,500	D	

Explanation of Responses:

1. The option vests as to 2.0833% of the total award monthly, beginning on May 4, 2025, with 100% of the award being vested and exercisable on April 4, 2029, subject to the reporting person's provision of service to the issuer on each vesting date.

2. Each RSU represents a contingent right to receive one (1) share of the Issuer's Common Stock upon settlement.

3. The RSUs vest as to 1/4th of the total award annually beginning on March 2, 2026, subject to the reporting person's provision of service to the issuer on each vesting date.

/s/ David Pauling as attorney-in-	0.4
fact for Barbara Leyman	<u>04</u>
** Signature of Reporting Person	Dat

4/08/2025

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.