FORM 4

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

OMB APPRO	OVAL
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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

(e Responses														
I. Name and Address of Reporting Person Petree Daniel H (Last) (First) (Middle) C/O SUTRO BIOPHARMA, INC., 310 UTAH AVENUE, SUITE 150 (Street)				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 10% Owner					
				Date of Earliest Transaction (Month/Day/Year) 06/17/2019 4. If Amendment, Date Original Filed(Month/Day/Year)							Officer (give	title below)	Otho	er (specify below)
											6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				1
SOUTH S		NCISCO, CA 94 (State)	(Zip)												
		(State)		1					ative Securitie						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					2A. Deemed Execution Date, any			(A) or Disposed o (Instr. 3, 4 and 5)		Owned Follow Transaction(s)				Ownership of Form:	. Nature of Indirect Beneficial
			(Month/Day/		Year)	Code	e V A	(A) or Amount (D) Price		nstr. 3 and 4)				Ownership Instr. 4)	
Reminder: R								in this f displays	s who respond orm are not re s a currently v	equired t valid OM	to respond B control n	unless the		520 1	474 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security		Table II - 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	etion	5. Numb of Deriva Securitie Acquired or Dispo of (D)	er ative es d (A) sed	in this f displays nired, Dispo options, con 6. Date Exe Expiration 1 (Month/Day	orm are not rest a currently vessed of, or Benerovertible securing reisable and Date	equired to valid OM ficially On titles)	to respond of B control n wned and Amount rlying es	unless the umber. 8. Price of	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownershi Form of Derivativ Security: Direct (D	11. Natur p of Indired Beneficiae Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	etion	5. Numb of Deriva Securitie Acquired or Dispo	er ative es d (A) sed	in this f displays nired, Dispo options, con 6. Date Exe Expiration 1 (Month/Day	sed of, or Bene exertible securir crisable and Date y/Year) Expiration	ficially Orities) 7. Title a of Under Securitie	to respond of B control n wned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indired Beneficiae Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Petree Daniel H C/O SUTRO BIOPHARMA, INC. 310 UTAH AVENUE, SUITE 150 SOUTH SAN FRANCISCO, CA 94080	X					

Signatures

/s/ Edward C. Albini as attorney-in-fact for Daniel H. Petree	06/19/2019
**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 1/12th of the total shares monthly, beginning on July 7, 2019, with 100% of the total shares vested and exercisable on June 7, 2020, subject to the reporting person's (1) 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.