FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* Hallam Trevor					2. Issuer Name and Ticker or Trading Symbol SUTRO BIOPHARMA, INC. [STRO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O SUTRO BIOPHARMA, INC., 310 UTAH AVENUE, SUITE 150				3. D	3. Date of Earliest Transaction (Month/Day/Year) 03/26/2020							X_Of	X Officer (give title below) Other (specify below) Chief Science Officer					
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu any	Deemed cution Date, if onth/Day/Year)	if C	Code (Instr. 8)		on	(A) or Disposed of (D) (Instr. 3, 4 and 5)			Benefi Report	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(Month/Day/ Yea			Code	e '	V	Amount	(A) or (D)	Price	Ì	(msu. 3 and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		03/26/2020				S(1))		975	D	\$ 9.694 (2)	19 21,66	5		D		
	· ·		for each class of secu Table II -	Deriv	ative Secu	rities	s Acq	P c tl	erson he	sons wh tained in form dis	no responded the respondence of	form a a curi	are not re rently val	ection of in quired to re id OMB con	spond unle	ess	1474 (9-02)	
1. Title of	2	3. Transactio	on 3A. Deemed	` ' '	puts, calls,	warı 5.				s, conver			es) . Title and	8 Price of	9. Number	of 10.	11. Natu	
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution D	ate, if	Transaction Num Code of (Instr. 8) Deri Secu Acqu (A) o Disp of (E (Instr. 8)		eriva ecurit cquir A) or ispos f (D)	mber and (Morivative curities quired) or sposed		Expiration Date onth/Day/Year)		e A U Se	mount of Inderlying ecurities nstr. 3 and	of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct (or India	ship of Indire Benefici Ownersh (Instr. 4) D)	
					Code V	V (A	A) (Ī	Date Exe		Expira Date	tion Ti	Amou or itle Numb of Shares	er				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hallam Trevor C/O SUTRO BIOPHARMA, INC. 310 UTAH AVENUE, SUITE 150 SOUTH SAN FRANCISCO, CA 94080			Chief Science Officer					

Signatures

/s/ Edward C. Albini as attorney-in-fact for Trevor Hallam	03/27/2020
^{**} 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).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the holder.
 - The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$9.34 to \$9.885 per share, inclusive. The
- (2) reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.