# 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

Name and Address of Reporting Person *  Dybbs Michael			2. Issuer Name and Ticker or Trading Symbol SUTRO BIOPHARMA, INC. [STRO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) C/O SUTRO BIOPHARMA, INC., 310 UTAH AVENUE, SUITE 150			` ′	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2020					Officer (giv	e title below)	Oth	er (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						
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquired	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on Date, if	Code (Instr.	4. Securities Acq (A) or Disposed 6 (Instr. 3, 4 and 5)		of (D) Own Tran	ned Follow nsaction(s)	ount of Securities Beneficially I Following Reported ction(s)		6. 7 Ownership o Form: E	Beneficial
				(Month/	/Day/Year)	Coo	de V A	(A) or (D)	Price	or Ii (I)		or Indirect (1	Indirect (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	lly owned d	irectly								
Reminder:	Report on a s	separate line for each		Derivati	ive Securiti	es Acq	Person in this display uired, Dispo	s who respor form are not r s a currently osed of, or Ben nvertible secu	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC 14	174 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transact Code	ive Securitits, calls, was 5. Nur of Der Securit	nber ivative ties red (A) posed 3, 4,	Person in this display uired, Dispose, options, co	s who resport form are not rest a currently osed of, or Benerous tible security ercisable and Date	equired to valid OMB eficially Ow	respond control r ned	unless the	9. Number o	of 10. Ownership Form of Derivative Security: Direct (D) or Indirec	11. Nature of Indirection of Seneral Country (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transact Code	ive Securitits, calls, was 5. Nun of Den Securition of Discouries of (D) (Instr.	nber ivative ties red (A) posed 3, 4,	Person in this display uired, Dispose, options, co	s who resported and the second are not responsed of, or Benevictible security and the secur	equired to valid OMB eficially Ownities)  7. Title and of Underly Securities	respond control r ned	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirec	11. Natu p of Indir Benefic Owners (Instr. 4

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Dybbs Michael 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	06/08/2020
**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 option is fully vested on June 5, 2021, subject to the reporting person's provision of service to the issuer on the 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.