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	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. Date of Earliest Transaction (Month/Day/Year) 06/26/2020								X Officer (give title below) Other (specify below) Chief Science Officer							
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3)		Date (Month/Day/Year)		•		_	Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership or Form:	Beneficial		
					(Month/Day/Year)		Со	de	V Amount (D) Price					Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)				
Common	Stock		06/26/2	2020				S	<u>1)</u>		975	D	\$ 8.01 (2)	181	18,740			D	
Reminder:	Report on a s	separate line i		Table II - 1	Deriv	ative Sec	curit	ies Ac	equire	Person the	sons whatained in form dis	no responding this splays	form a cu Benefi	are in are in arrent	not requ tly valid		ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of	2	2 Transactiv	n 2 A	A. Deemed	e.g., p	outs, call	s, w	arran 5.	ts, op		s, conver				lo and	9 Dries of	9. Number	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day	Year) Execution Day		te, if Transaction Code Year) (Instr. 8))			and	6. Date Exercisable and Expiration Date (Month/Day/Year)		9	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	hip of Indirect Beneficial Ownersh (Instr. 4)
						Code V	V	(A)	(D)	Dat Exe	e ercisable	Expira Date	tion		Amount or Number of Shares				

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	06/29/2020
**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 \$7.81 to \$8.38 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.