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 an Freund Jo	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							
(Last) (First) (Middle) SKYLINE VENTURES, 525 UNIVERSITY AVE., SUITE 1350				3. Date of Earliest Transaction (Month/Day/Year) 08/19/2020							ar)	-	Office	r (give title belo	ow)	Other (specify	below)
PALO ALTO, CA 94301				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui							rities A	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any		Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)						Following	Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year)			ode	V	Amour		(A) or (D)	Price	(Instr. 3 a	3 anu 4)		Direct (D) or Indirec (I) (Instr. 4)		
Common Stock 08/			08/19/2020			S	S		500,00	00 [)	\$ 8.72	1,460,053			I	By Skyline Venture Partners V, L.P.
Reminder:	Report on a s	separate line fo		Derivative S	Securit	ties Ac	equire	Pers cont the t	sons whatained if form dis	no re n thi splay	is forr ys a c r Bene	m are curren	not requ itly valid		ormation spond unle trol numbe	ess	C 1474 (9-02)
1 Title of	12	2 Tuomanatio		(e.g., puts, c	alls, w		ts, opt					1	tla and	9 Duine of	O. Niverskaan	of 10	11 Note
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	Code	. 8)	5. Numb of Deriv Secur Acqu (A) of Dispo of (D (Instr 4, and	ative ities ired rosed) . 3,		Date Exercisable d Expiration Date Ionth/Day/Year)		Amo Unde Secu	r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	Benefici Ownersl (Instr. 4)	
				Code	e V	(A)	(D)	Date Exe	_	Expi Date	iration e	Title	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Freund John Gordon SKYLINE VENTURES 525 UNIVERSITY AVE., SUITE 1350 PALO ALTO, CA 94301	X						

Signatures

/s/ Edward C. Albini as attorney-in-fact for John G. Freund

08/21/2020

**Signature of Reporting Person	Date
L.	

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).
 - These securities are held of record by Skyline Venture Partners V, L.P. ("Skyline L.P."). Skyline Venture Management V, LLC ("Skyline Management") is the general partner of Skyline L.P. the reporting person, a member of the issuer's board of directors, together with Yasunori Kaneko, are the managing directors of Skyline Management,
- (1) and each may be deemed to share voting and investment power over the securities held by Skyline L.P. The reporting person disclaims beneficial ownership over such securities except to the extent of his pecuniary interest therein, and the inclusion of these securities in this report shall not be deemed an admission of beneficial ownership of the reported securities for purposes of Section 16 or for any other purposes.

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.