UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 6-K

Report of Foreign Private Issuer
Pursuant to Rule 13a-16 or 15d-16 of
the Securities Exchange Act of 1934

For the month of July 2020

Commission File Number: 001-36622

PROQR THERAPEUTICS N.V.

Zernikedreef 9
2333 CK Leiden
The Netherlands
Tel: +31 88 166 7000
(Address, Including ZIP Code, and Telephone Number,
Including Area Code, of Registrant's Principal Executive Offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F x Form 40-F o

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): o

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): o

On July 20, 2020, ProQR Therapeutics N.V. (the "Company") presented preliminary data from its Phase 1/2 *InSight* extension study of Sepofarsen in LCA10 patients using a webcasted conference call. A copy of the presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

The Company hereby incorporates by reference the information contained herein into the Company's registration statement on Form F-3 (File No. 333-228251).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

PROQR THERAPEUTICS N.V.

Date: July 20, 2020

By: /s/ Smital Shah
Smital Shah
Chief Financial Officer

INDEX TO EXHIBITS

Number	Description
99.1	Presentation for webcasted conference call

ProQR®

EXPERT PERSPECTIVES CALL

Sepofarsen – InSight Open Label Extension Study Update

July 20, 2020

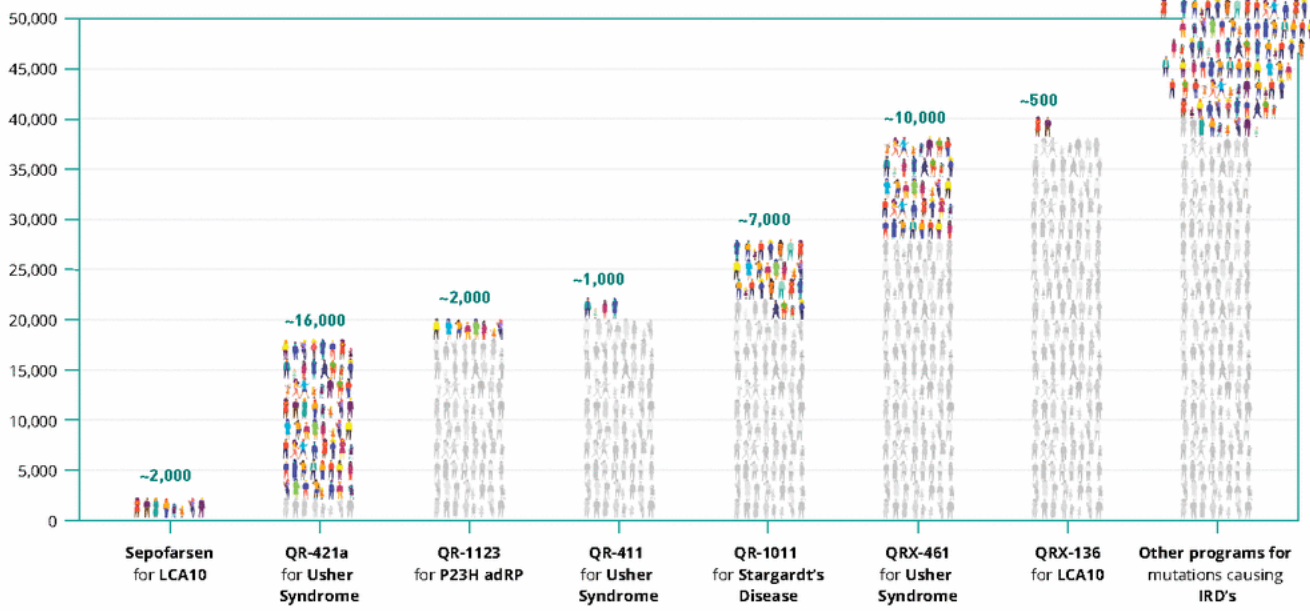
Forward looking statements

This press release contains forward-looking statements. All statements other than statements of historical fact are forward-looking statements, which are often indicated by terms such as "anticipate," "believe," "could," "estimate," "expect," "goal," "intend," "look forward to", "may," "plan," "potential," "predict," "project," "should," "will," "would" and similar expressions. Such forward-looking statements include, but are not limited to, statements regarding sepofarsen, and the clinical development and the therapeutic potential thereof, our other programs and business operations, including timing of commencing clinical trials and enrollment of patients therein, the expected impact of the COVID-19 on our business operations, including our research and development plans and timelines and the supply chain for our clinical and development programs, and our financial position and cash runway. Forward-looking statements are based on management's beliefs and assumptions and on information available to management only as of the date of this press release. Our actual results could differ materially from those anticipated in these forward-looking statements for many reasons, including, without limitation, the risks, uncertainties and other factors in our filings made with the Securities and Exchange Commission, including certain sections of our annual report filed on Form 20-F. These risks and uncertainties include, among others, the cost, timing and results of preclinical studies and clinical trials and other development activities by us and our collaborative partners whose operations and activities may be slowed or halted by the COVID-19 pandemic; the likelihood of our clinical programs being executed on timelines provided and reliance on our contract research organizations and predictability of timely enrollment of subjects and patients to advance our clinical trials and maintain their own operations; our reliance on contract manufacturers to supply materials for research and development and the risk of supply interruption from a contract manufacturer; the potential for future data to alter initial and preliminary results of early-stage clinical trials; the unpredictability of the duration and results of the regulatory review of applications or clearances that are necessary to initiate and continue to advance and progress our clinical programs; the ability to secure, maintain and realize the intended benefits of collaborations with partners; the possible impairment of, inability to obtain, and costs to obtain intellectual property rights; possible safety or efficacy concerns that could emerge as new data are generated in research and development; and general business, financial and accounting risks and litigation. Given these risks, uncertainties and other factors, you should not place undue reliance on these forward-looking statements, and we assume no obligation to update these forward-looking statements, even if new information becomes available in the future, except as required by law.

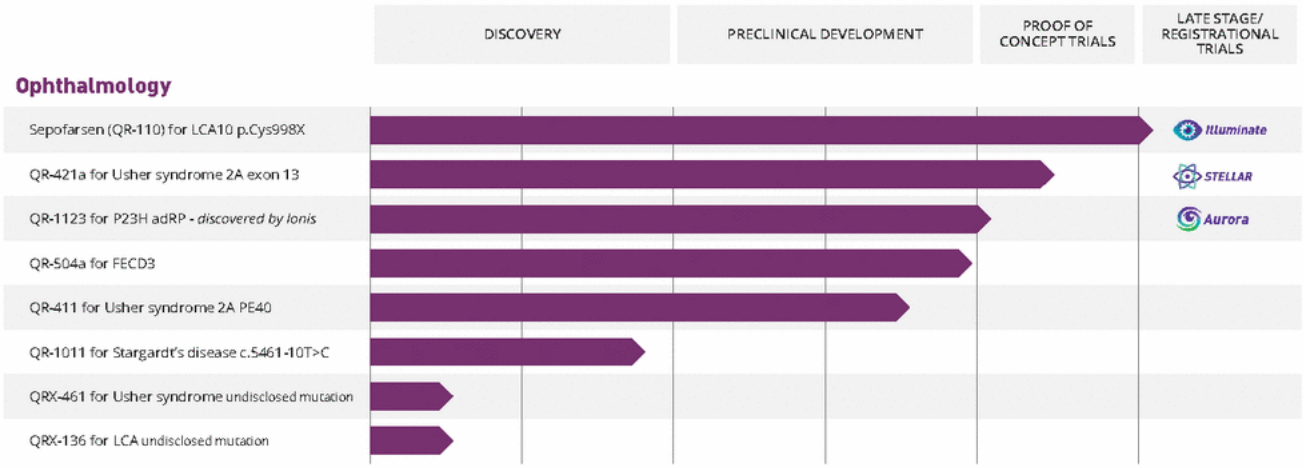

>2,000,000
people living with
Inherited retinal
disease


Very few have a treatment
>2,000,000 people living with Inherited retinal disease

RNA therapies in pipeline for >100,000 IRD patients



ProQR RNA therapy development pipeline



Productive discovery engine leading to steady expansion of the pipeline of molecules targeting Inherited Retinal Diseases

Sepofarsen (QR-110) for LCA10

LCA10

Lose sight in first years of life

No approved therapy currently available

p.Cys998X mutation affects ~2,000 patients in the Western world

RNA therapy: sepofarsen

Goal: Restore vision/ prevent vision loss in patients with LCA10

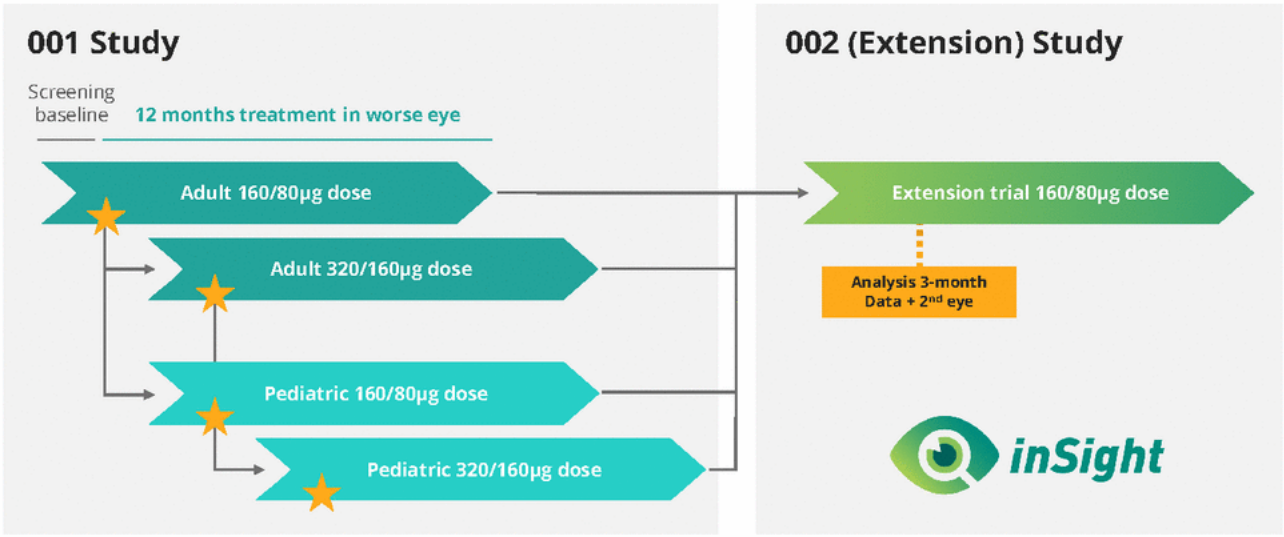
Locally administered in the eye. Routine intravitreal procedure

Anticipated infrequent dosing of 2 times a year

- ✓ Established modality in eye
- ✓ Strong preclinical proof of concept in human retina in preclinical models
- ✓ Top-line Phase 1/2 clinical trial results showed rapid, significant and durable activity and was well tolerated
- ✓ Orphan drug designation & Rare pediatric disease designation
- ✓ FDA Fast track designation and access to EMA PRIME program
- Phase 2/3 *Illuminate* trial ongoing

Phase 1/2 + extension trial design

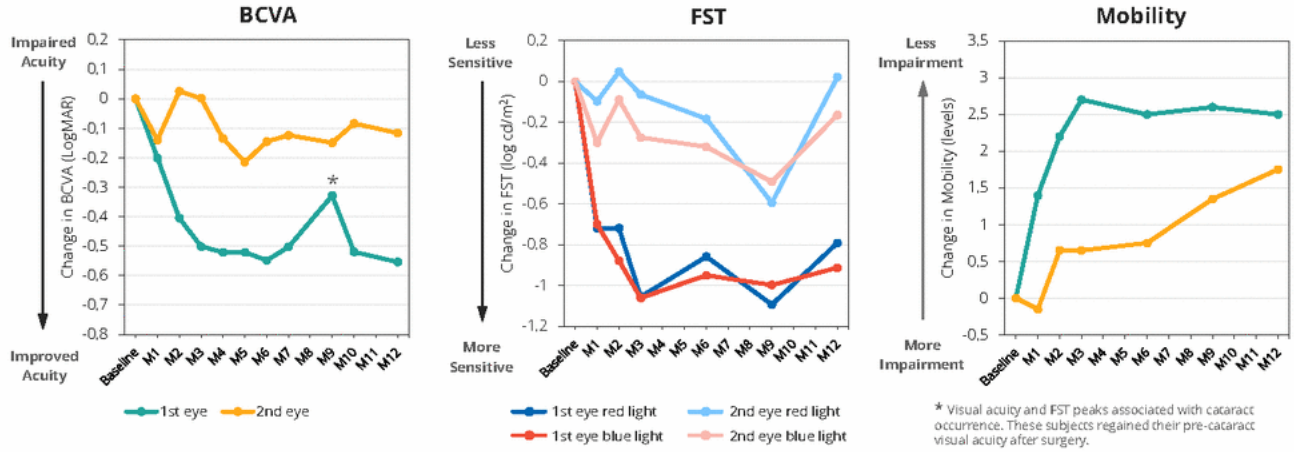
Open label, extension trial, LCA10 patients with 1 or 2 copies of p.Cys998X



★ = DSMC review

Phase 1/2 showed rapid and sustained benefit

Treated Subjects (n=11) across 2 cohorts

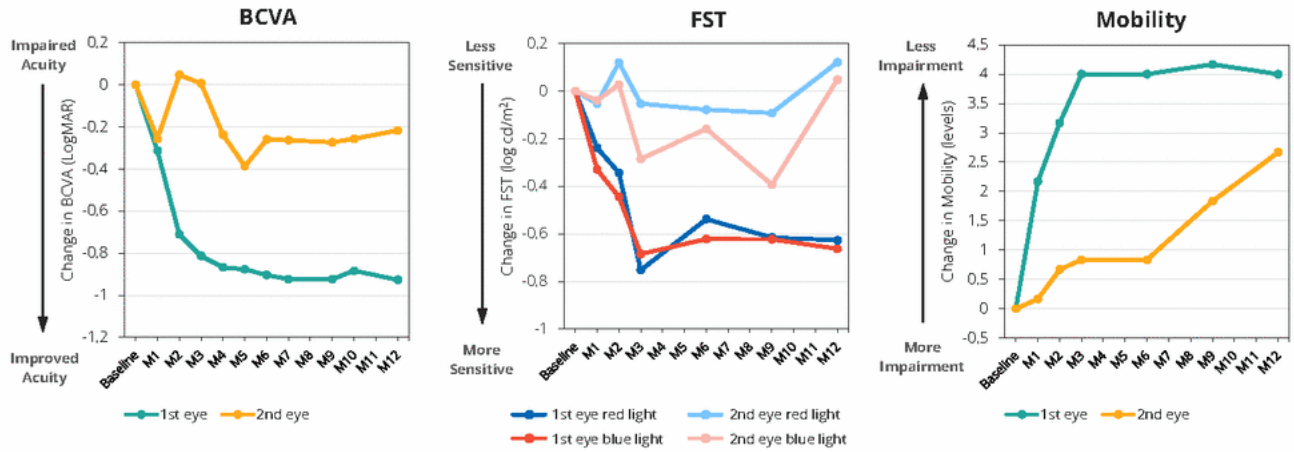


* Visual acuity and FST peaks associated with cataract occurrence. These subjects regained their pre-cataract visual acuity after surgery.

Eye	BCVA – LogMAR (n=11)	Red FST – log cd/m2 (n=10)	Blue FST – log cd/m2 (n=10)	Mobility course – composite score (n=10)
Treated (TE)	**-0.55 (0.26) p<0.05 vs. CE**	**-0.91 (0.18) p<0.01 vs. CE**	**-0.79 (0.23) p<0.02 vs. CE**	**2.5 (0.99) p=0.1 vs. CE**
Untreated (CE)	-0.12 (0.07)	-0.16 (0.16)	0.02 (0.11)	1.75 (0.75)

Target registration dose – key outcomes

Onset of effect at month 3, sustained out to month 12



Eye	BCVA – LogMAR (n=6)	Red FST – log cd/m2 (n=6)	Blue FST – log cd/m2 (n=6)	Mobility course – composite score (n=6)
Treated (TE)	**-0.93 (0.43) p=0.13 vs. CE**	**-0.66 (0.14) p<0.05 vs. CE**	**-0.63 (0.31) p=0.09 vs. CE**	**4.0 (1.27) p=0.06 vs. CE**
Untreated (CE)	-0.22 (0.11)	0.05 (0.17)	0.12 (0.16)	2.7 (1.11)

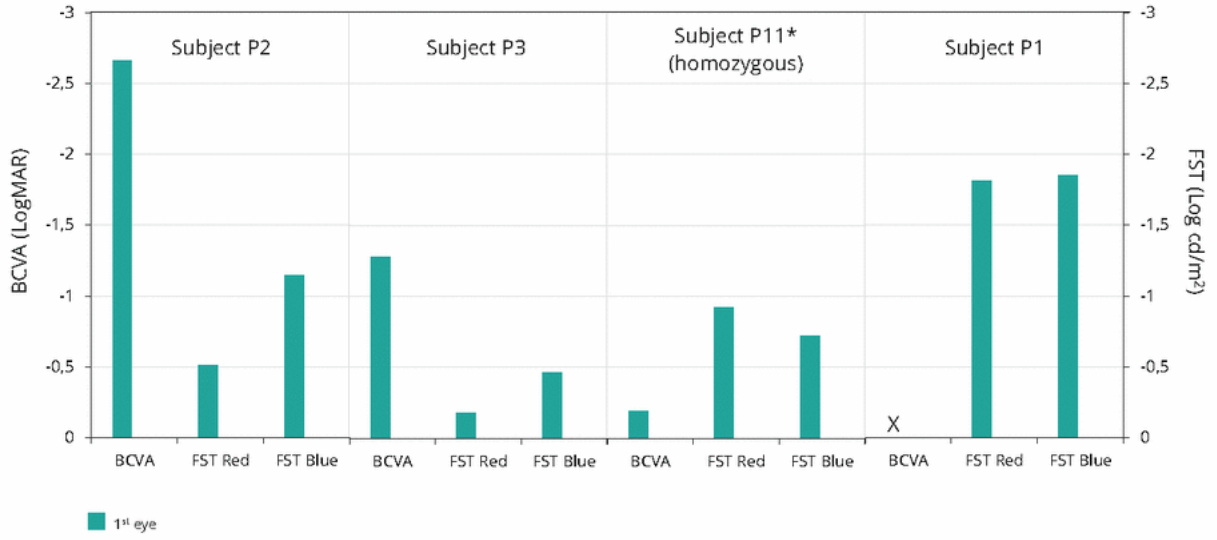
InSight open label extension study update

Preliminary data

InSight study overview

- 9 subjects from the 11 in Phase 1/2 rolled over into the *InSight* study
  - 2 subjects elected not to roll over for personal reasons
- 7 subjects have been dosed so far in the extension study, 4 of which have been dosed in the second eye
  - All subjects have been switched over to Phase 2/3 target dose regimen
  - Some redosing visits have been delayed due to COVID-19 site limitations and cross-border travel restrictions
- No changes to the overall safety profile

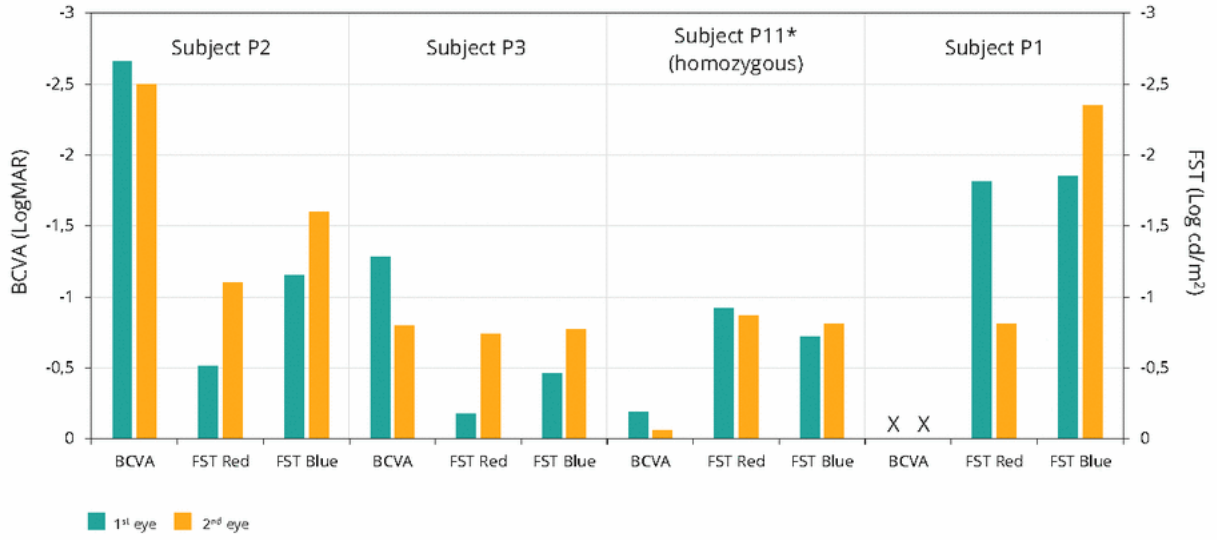
Change from baseline to 3 months post dosing



*= 6 month value of 2nd eye as 3 month visit was missed due to COVID-19

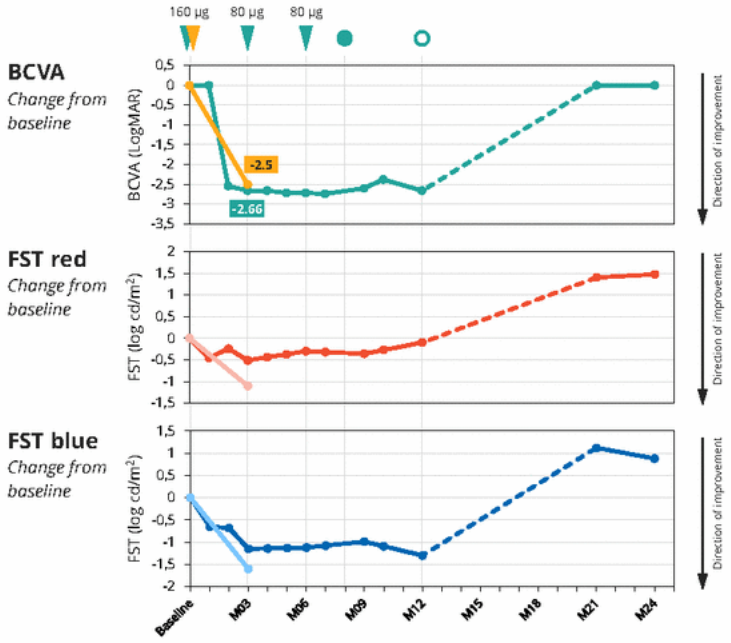
Change from baseline to 3 months post dosing

Consistent treatment response in both eyes



*= 6 month value of 2nd eye as 3 month visit was missed due to COVID-19

Subject P2



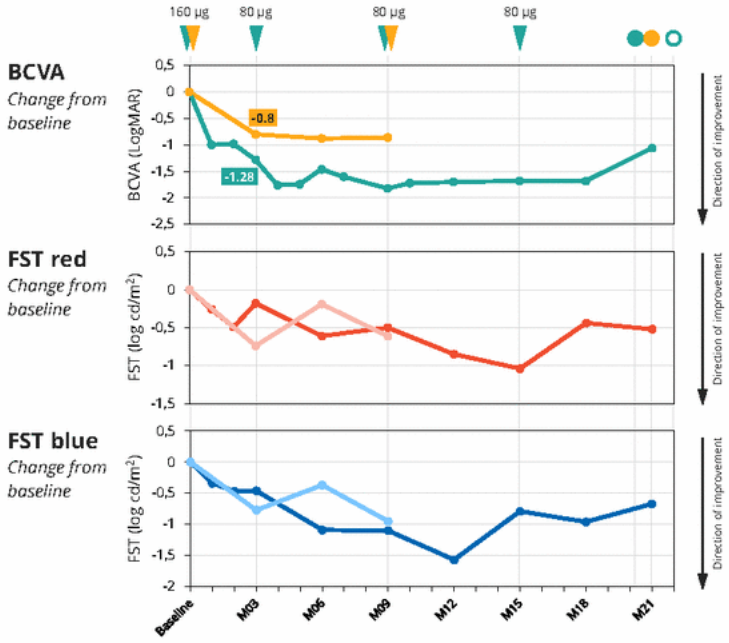
Baseline characteristics

- 41yrs, Male, Heterozygous
- Light Perception, both eyes

Treatment response

- First eye
  - Significant and sustained benefit
    - Lost benefit after not being redosed in first eye for 15 months, as expected
    - Scheduled to be redosed in first eye after COVID-19
- Second eye
  - Responded the same way as first eye
- Maximum treatment response -2.74 LogMAR

Subject P3



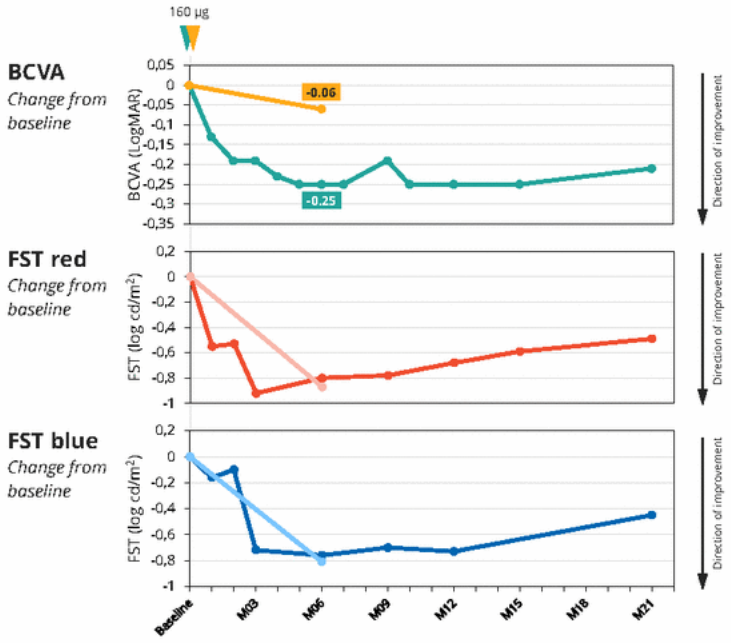
Baseline characteristics

- 44yrs, Male, Heterozygous
- 1st eye: 2.4 LogMAR(HM); 2nd eye: 1.66 LogMAR(CF)

Treatment response

- First eye
  - Significant and sustained benefit
    - Developed a cataract in first eye at month 20 leading to reduction in BCVA
    - Lens replacement completed, follow-up measurement pending COVID-19 measures to lift
- Second eye
  - Responded the same way as first eye
- Maximum treatment response -1.82 LogMAR

Subject P11



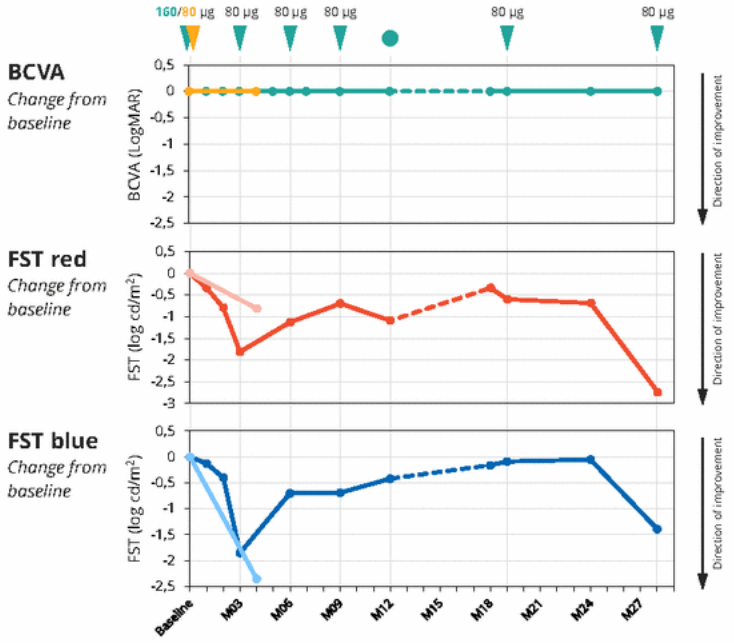
Baseline characteristics

- 14yrs, Female, Homozygous
- 1st eye: 0.63 LogMAR(20/80); 2nd eye: 0.48 LogMAR(20/50)

Treatment response

- First eye
  - Benefit sustained for 15+ months, likely due to homozygous genotype
    - Subject will likely get redosed in first eye
- Second eye
  - Responded the same way as first eye

Subject P1



Baseline characteristics

- 19yrs, Male, Heterozygous
- Light Perception, both eyes

Treatment response

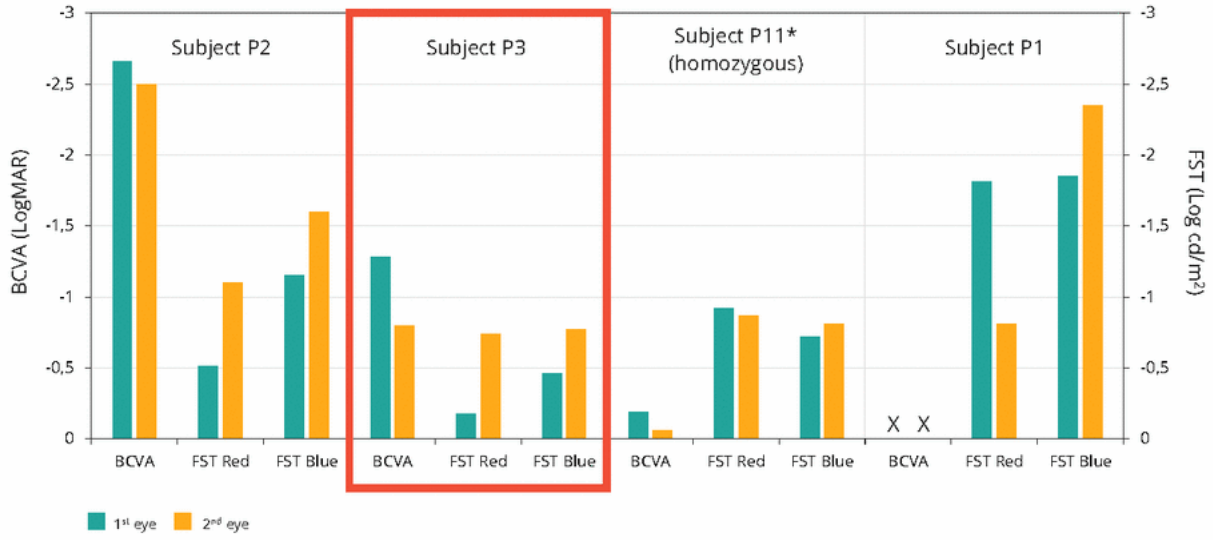
- First eye
  - No response on BCVA as started trial at Light perception only
  - Meaningful response on FST
  - Subject perceives meaningful benefit
- Second eye
  - Responded the same way as first eye

Summary and next steps

- 4 out of 4 second eyes treated have responded consistently with the first eye, confirming the benefit seen in Phase 1/2
- Safety profile consistent with that observed in the Phase 1/2 results
- Data supports selection of 160/80 µg target registration dose
- Additional longitudinal data support 6-month dosing intervals
- Building additional confidence in ongoing *Illuminate* pivotal Phase 2/3 trial

Change from baseline to 3 months post dosing

Consistent treatment response in both eyes

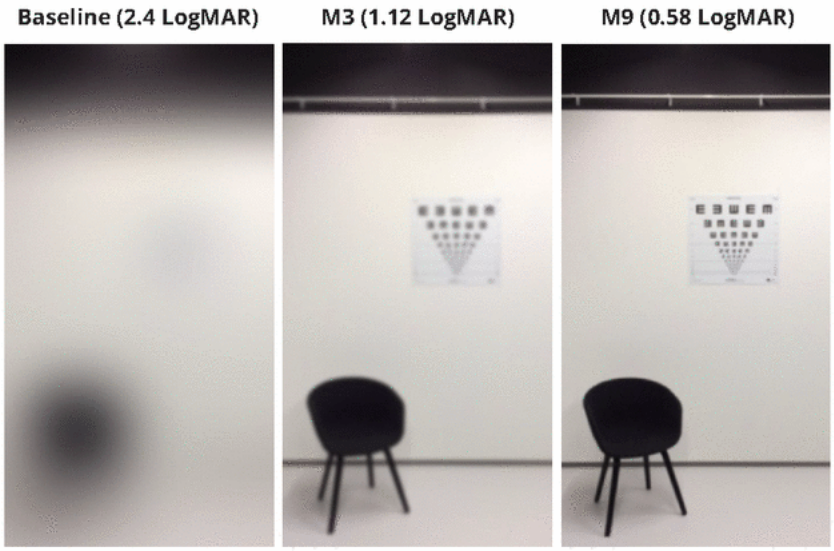


*= 6 month value of 2nd eye as 3 month visit was missed due to COVID-19

Subject P3: Illustration of BCVA improvement

- Baseline:
  2.4 LogMAR (20/1000)
- 3 months:
  1.12 LogMAR (20/125)
- Improvement:
  1.28 LogMAR*

*From being worse than legally blind to navigating freely, watching tv and being able to see family faces.



Using "Thru My Eyes" App


ProQR®
IT'S IN
OUR RNA