FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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<b>STATEMENT</b>	OF CHANGES IN	I BENEFICIAL	<b>OWNERSHIP</b>

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours nor response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*  CARLSON MARILYN R.			2. Issuer Name and Ticker or Trading Symbol  Evoke Pharma Inc EVOK   5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																	
CHRESON WANGETIVE.														Director Officer (	give title		10% Ov Other (s	· I		
(Last)	(F	irst)	(Middle)											X	below)			below)		
C/O EVOKE PHARMA, INC.				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2018									Chief Medical Officer							
420 STEVENS AVENUE, SUITE 370																				
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SOLAN	A C.	Δ	92075											X	Form fil	ed by One	Repo	rting Persor	۱	
BEACH															Form fil Person	ed by Mor	e than	One Repor	ting	
(City)	(S	tate)	(Zip)																	
		Ta	ble I - Non	-Deriva	ative	Securi	ies	Ac	quired,	Dis	posed c	of, or B	ene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				r) Execu	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr					Beneficia Owned Fo	s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		or	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
			Table II - [								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	de V	(A)	(1	D)	Date Exercisal		Expiration Date	Title	o N	mount r umber f Shares		Transaction(s) (Instr. 4)				
Stock Option (Right to Buy)	\$2.43	04/26/2018		A		125,0	00		(1)		02/06/2028	Commo Stock		25,000	\$0.00	125,0	00	D		

## **Explanation of Responses:**

1. The option grant date was February 7, 2018, subject to approval of the Issuer's Amended and Restated 2013 Equity Incentive Plan (the "Plan") by the Issuer's stockholders which occurred at the Issuer's annual stockholder meeting on April 26, 2018. The total number of shares of common stock subject to the option vests in 48 equal monthly installments over the four-year period beginning on January 1, 2018, subject to the reporting person's continued service to the Issuer through each such vesting date. Notwithstanding the foregoing vesting schedule, in no event may the option be exercised prior to the earlier of (i) the date on which the Issuer receives marketing approval from the U.S. Food and Drug Administration of Gimoti, (ii) the second anniversary of the date of grant, or (iii) the date of a "change in control" under Section 2.9 of the

## Remarks:

/s/ Matthew J. D'Onofrio, Attorney-in-fact for Marilyn R. 04/27/2018 Carlson

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.