FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

	Check this box if no longer subject to
\Box	Section 16. Form 4 or Form 5
\cup	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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					01 0	Jeone	00()	or tire		ciii Oc	ппрапу же	00								
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc EVOK								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>CARLSON MARILYN R.</u>				EVOKET HAITHATHE [EVOK]									Direc		ctor	10% Ow		wner		
(1 a a t)	(Fig.	rot) (Middle		_									_	X	Office belov	er (give title v)		Other elow)	(specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Chief Medical Officer						
C/O EVO	OKE PHAR	MA, INC.			03/	03/01/2016									Since Frederical Officer					
505 LOMAS SANTA FE DRIVE, SUITE 270																				
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SOLANA	A CA	\ C	92075											X Form filed by One Reporting Pers					on	
BEACH	G.		2075												Form filed by More than One Reporting Person					orting
(City)	(St	ate) (Zip)																	
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Ac	quired	l, Dis	sposed o	of, o	r Ber	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				Execution Date		n Date,	, Transaction Di Code (Instr. 5)		n Dispose	Securities Acquired (A isposed Of (D) (Instr. 3,			4 and Secur Benef		cially I Following	Form: Dire (D) or Indi	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Cod	e v	Amount	Amount (A) or (D)		Price	•	Transa	action(s) 3 and 4)			(Instr. 4)			
Common Stock 03/01/					/2016		J ⁽¹⁾	\top	7,33	1	A	\$2	.9	16,639		D				
		Та	ıble II - D (e								osed of, onvertil				y Ov	vned				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				sinsaction de (Instr. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirat	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price o Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	nount mber ares						

Explanation of Responses:

1. These shares were acquired under the Issuer's Employee Stock Purchase Plan in transactions exempt under Rule 16b-3(c).

Remarks:

/s/ Matthew J. D'Onofrio, <u>Attorney-in-fact for Marilyn R.</u> 03/01/2016 <u>Carlson</u>

** 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.