FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL				
OMB Number: 3235-0					
Estimated average burden					
hours per response	e: 0.5				

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

Kamdar Kim P. Requiri		Date of Event equiring Statem Month/Day/Year 9/24/2013	nent	3. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK]					
(Last) C/O DOMAIN	(First) N ASSOCIATE	(Middle) S, LLC			4. Relationship of Reporting Perso (Check all applicable) Director X	n(s) to Issue 10% Owne	(N	If Amendment, Da Ionth/Day/Year)	ate of Original Filed
ONE PALME	R SQUARE				Officer (give title below)	Other (spe		Individual or Joint oplicable Line)	t/Group Filing (Check
(Street) PRINCETON	NJ	08542							y One Reporting Person y More than One erson
(City)	(State)	(Zip)							
		Т	able I - Non	-Derivati	ive Securities Beneficially	y Owned			
1. Title of Security (Instr. 4)							4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Securi	ty (Instr. 4)				eneficially Owned (Instr. 4)	Form: Direct (t (D) (Ins		Beneficial Ownership
Common Stock					eneficially Owned (Instr. 4)	Form: Direct (et (D) (Ins		·
		(e.ç		erivative	eneficially Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	ti (D) (Ins	str. 5)	·
	S			Perivative S, warra	5,250 e Securities Beneficially Conts, options, convertible	Form: Direct or Indirect (Instr. 5) I Dwned securities ies	ti (D) (Ins	Domain Associ	·

Explanation of Responses:

1. The Reporting Person is a Managing Member of Domain Associates, LLC. Pursuant to Instruction (5)(b)(iv) of Form 3, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.

Remarks:

/s/ Kathleen K. Schoemaker, Attorney-in-Fact 09/24/2013

** 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 5 (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.