FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

1	UNID APPRO	JVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
1	hours per response:	0.5							

hours per response:

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

												,									
1. Name and Address of Reporting Person* D'Onofrio Matthew J					2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
D OHOL	110 Matti	IEW J							_		_					Director			10% Ow		
(1+)		:A	(A 4: -l -ll -)		<u> </u>										X	Officer (below)	give title		Other (s below)	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										Exec	VP. Chi	ef Bu	s. Officer		
C/O EVOKE PHARMA, INC.					01	01/25/2017											, , -				
420 STEVENS AVENUE, SUITE 370																					
(Ctract)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) SOLANA	٨												Line)			D	D				
BEACH	C.	A	92075												X	_	,		rting Person		
BEACH														Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																		
		Ta	ble I - Non	-Deriv	/ativ	/e Se	curities	s Ac	qui	red, D	isp	osed o	f, or	Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa					actio	action 2A. Deem			3	3. 4. Securit		ities Acquired (A)		(A) or	5. Amoun	t of 6. (nership	7. Nature of		
Date				Date (Month/I	Date (Month/Day/Year)		Execution Date if any (Month/Day/Ye		Code (d Of (D) (Instr. 3, 4		3, 4 and 5	Beneficial Owned Fo	lly	(D) or	rm: Direct or Indirect (Instr. 4)	Indirect Beneficial Ownership	
								Code V	,	Amount	(4	A) or D)	Price	Reported Transaction(s)			[(Instr. 4)			
					(D)						1	(Instr. 3 a	nd 4)								
			Table II - I				urities Is, warr									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)	ite, Tra	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar Expiration Date (Month/Day/Year)				7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	l c	Amount or Jumber of Shares		(Instr. 4)	on(s)			
Stock Option (Right to Buy)	\$2.36	01/25/2017			A		150,000			(1)	01	/24/2027	Comm		150,000	\$0.00	150,00	00	D		

Explanation of Responses:

1. 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, 2017, subject to the reporting person's continued service to the Issuer through each such vesting date.

Remarks:

/s/ Matthew J. D'Onofrio

01/27/2017

** 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.