FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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| | Washington | , D.C. 20549 | |
|-----------|--------------|--------------|------------------|
| | | | |
| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

| Name and Address of Reporting Person* Brady Todd C | | | | Ev | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK] 3. Date of Earliest Transaction (Month/Day/Year) | | | | (Ch | eck all appli | , | Person(s) to Iss 10% Ov Other (s | vner | | |
|---|---|------------|----------|--------------------------------------|--|---|-----|--------------------------------|---|--|--|--|---|---|------------|
| (Last) | (Fi | irst) | (Middle) | 05/ | 05/10/2023 | | | | | | below) | | below) | | |
| C/O EVOKE PHARMA, INC. | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | 6. 1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| 420 STEVENS AVENUE, SUITE 370 | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | |
| (Street) | A | | | | | | | | | | | | iled by More th | | |
| BEACH CA 92075 | | | | Rι | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| (City) | (Si | tate) | (Zip) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | Code (Instr. 5) | | | | Benefici | es Fo ally (D Following (I) | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | / Amou | nt (A) | | Transac (Instr. 3 | tion(s) | | (111341.4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | perivative Conversion Date Execution Date, cecurity or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | of es ing ve Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiratio Date | n Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$2.12 | 05/10/2023 | | A | | 14,625 | | (1) | 05/09/203 | 3 Commo | 14,625 | \$0.00 | 14,625 | D | |

Explanation of Responses:

1. The total number of shares of common stock subject to the option vests on the one-year anniversary of the date of grant, subject to the Reporting Person's continued service to the Issuer through such vesting

Remarks:

/s/ Matthew J. D'Onofrio, Attorney-in-fact for Todd C.

05/11/2023

Brady

** 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.