FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

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(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Se | ection | 30(h) | of the I | nvestme | nt Cor | npany Act | of 19 | 940 | | | | | | |
|--|---|---|--|---|--|--|---|---|------------------------------------|--|---------------------|---------------|-------|------------------------|---|---|--|--|--|
| 1. Name and Address of Reporting Person* D'Onofrio Matthew J | | | | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK] | | | | | | | | | | Check all a Dir | ector | | 10% O | | |
| (Last) (First) (Middle) C/O EVOKE PHARMA, INC. 420 STEVENS AVENUE, SUITE 370 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2018 | | | | | | | | | | A bel | Officer (give title below) Exec VP, Chic | | below) | | |
| (Street) SOLANA BEACH (City) | C. | | 92075 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X Fo | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriva | ative \$ | Secu | uritie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally Owr | ied | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exe if a | 2A. Deemed Execution Date, f any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | nd Secu Bene Own | 5. Amount of Securities Beneficially Owned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | v | Amount | | (A) or (D) | Price | Tran | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | 08/31/2018 J ⁽¹⁾ 13,036 A \$1.63 238,7 | | | | | 238,759 | | D | | | | | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owne | t | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, 1 | I. Fransact Code (In | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/E | n Dat | е | or | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | ۱, | ١, مم | , | [,,, | _(D) | Date | ا مط | Expiration | | of | | | | | | |

Explanation of Responses:

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

Remarks:

/s/ Matthew J. D'Onofrio 09/04/2018

** 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.