Check this box if no longer subject toSection 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
| :--- | ---: |
| OMB Number: $3235-0287$ <br> Estimated average burden <br> hours per response: 0.5 |


| 1. Name and Address of Reporting Person ${ }^{\star}$ Brady Todd C |  | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK ] |  |  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <br> X Director 10\% Owner |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (Last) (First) (Middle) |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024 |  |  |  |  | Officer (give title below) |  | Other (specify below) |  |
| C/O EVOKE PHARMA, INC. <br> 420 STEVENS AVENUE, SUITE 230 |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |  |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line) <br> X Form filed by One Reporting Person |  |  |  |
| CA |  |  |  |  |  |  |  | Form filed by Mo Person | e than One Re | rting |
|  |  | Rule 10b5-1(c) Transaction Indication |  |  |  |  |  |  |  |  |
| (City) (State) (Zip) | $\square \mathrm{Ch}$ | ck this box to indic sfy the affirmative d | that a ense co |  | tion was $m$ of Rule 1 | pursuan <br> (c). Se | to a contra Instruction | instruction or writte 0. | plan that is inten |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |  |  |  |  |  |  |  |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. <br> Transaction Code (Instr. <br> 8) |  | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |  |  | 5. Amount of <br> Securities <br> Beneficially <br> Owned Following <br> Reported <br> Transaction(s) <br> (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect <br> (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|  |  |  | Code | V | Amount | (A) or (D) | Price |  |  |  |

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) | 2. <br> Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. <br> Transaction Code (Instr. 8) |  | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Exercisable and Expiration Date (Month/Day/Year) |  | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) |  | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. <br> Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Stock <br> Option <br> (Right to <br> Buy) | \$0.451 | 05/22/2024 |  | A |  | 14,625 |  | (1) | 05/21/2034 | Common Stock | 14,625 | \$0 | 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 date.

| Attorney-in-fact for Todd C. | 05/24/2024 |
| :---: | :---: |
| 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. $78 f f(a)$.
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.

