FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ashington, | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | | |
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| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* GARNER CAM L | | | 3. Da | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | (Ch | eck all appli X Directo Officer | cable) or (give title | Person(s) to Iss 10% Ov Other (s | vner | | | |
|---|---|--|-----------------|---|--|------|---------------|--|--|--|---|---|---|---|--|--------------------|-------|
| (Last) | , | * | (Middle) | | 05/10/2023 | | | | | | | | | below) | | below) | |
| C/O EVOKE PHARMA, INC. | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 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 t | than One Repo | - 1 |
| BEACH | C | A | 92075 | | Ru | le 1 | L0b5-: | 1(c) |) Transa | ctic | n Ind | lication | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | licate that a tra e defense cond | | | | | | on or written pla | an that is intende | ed to |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date | | Code (Instr. 5) | | | Benefici | es Form ally (D) o Following (I) (In | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | | | | | |
| | | | | Code V Amount (A) or (D) | | | | r Price | Transaction(s) (Instr. 3 and 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ve es d | 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(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp | oiration te | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$2.12 | 05/10/2023 | | | A | | 17,750 | | (1) | 05/0 | 09/2033 | Common Stock | 17,750 | \$0.00 | 17,750 | 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 Cam L.

05/11/2023

Garner

** 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.