FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | |
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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* <u>CARLSON MARILYN R.</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK] | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|--|------------|---|--|--|--------------|--|---------------------------|-----------------------|---|---|---|--|------------------------|--|--|-----------|
| (Last) (First) (Middle) C/O EVOKE PHARMA, INC. 420 STEVENS AVENUE, SUITE 370 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020 | | | | | | | | X Officer (give title Other (specify below) Chief Medical Officer | | | | | |
| (Street) SOLANA BEACH (City) | C. | | 92075 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | ndividual or Joint/Group Filing (Check Applicable a) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | е | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | ed (A) or tr. 3, 4 and | Beneficia Owned Fo | s Form | | m: Direct I or Indirect I nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | Amo | unt | (A) oi (D) | Price | Reported Transacti (Instr. 3 a | tion(s) | | 1 | Instr. 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) | ive Conversion Date y or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | Derivative I | | 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 | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expirati Date | | Title | Amount or Number of Shares | | Transaction (Instr. 4) | on(s) | | |
| Stock Option (Right to Buy) | \$1.23 | 02/28/2020 | | A | | 200,000 | | (1) | 02/27/20 |)30 | Common Stock | 200,000 | \$0.00 | 200,00 | 00 | D | |

1. One-half of the stock options will vest in 48 equal monthly installments over the four-year period beginning on January 1, 2020, subject to the reporting person's continued service to the issuer through each such vesting date. The other half of the stock options will vest in 48 equal monthly installments over the four-year period beginning on the date, if any, on which the U.S. Food and Drug Administration approves the Issuer's new drug application for Gimoti, subject to the reporting person's continued service to the issuer through each such vesting date.

Remarks:

/s/ Matthew J. D'Onofrio, Attorney-in-fact for Marilyn R. 03/03/2020 Carlson

** 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.