## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20	J

STATEMENT OF CHA	NGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por 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*  CARLSON MARILYN R.  (Last) (First) (Middle)					Ev	2. Issuer Name and Ticker or Trading Symbol     Evoke Pharma Inc [ EVOK ]      3. Date of Earliest Transaction (Month/Day/Year)									all app Direct Office below	olicable) etor er (give title v)		Owner er (specify	
C/O EVOKE PHARMA, INC.				08/	08/29/2014										Chief Med	iicai Officei			
505 LOMAS SANTA FE DRIVE, SUITE 270			)																
(Street) SOLANA BEACH CA 92075			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(St	ate) (2	Zip)													Pers	on		
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	Transaction Disposed O Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Report	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(iiisti. 4)		
Common	Stock			08/29/	9/2014						1,256	5	A \$5.6		.67 1,256		D		
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	Exercise (Month/Day/Year) if any (Month/Day/Year) rivative		Date,	4. Transaction Code (Instr. 8)		of Deri Secu Acqu (A) of Dispu of (I	of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber ires					

## **Explanation of Responses:**

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

## Remarks:

/s/ Matthew J. D'Onofrio,
Attorney-in-fact for Marilyn R. 09/03/2014
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.