Issuer Free Writing Prospectus
Filed pursuant to Rule 433
Registration No. 333-188838
August 30, 2013

EVOKE PHARMA

September 2013

Forward-Looking Statements

This presentation includes statements that are, or may be deemed, "forward-looking statements." In some cases these forward-looking statements can be identified by the use of forward-looking terminology, including the terms "believes," "estimates," "anticipates," expects," "plans," intends," "may," "could," "might," "will," "should," "approximately," "potential," or in each case, their negative or other variations thereon or comparable terminology, although not all forward-looking statements contain these words. They appear in a number of places throughout this presentation and include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, the gastroparesis patient market size and market adoption of EVK-001 by health care providers and patients, the timing and cost of Phase 3 trials for EVK-001 or whether such trials will be conducted at all, completion and receiving favorable results of Phase 3 trials for EVK-001, the development and approval of the use of EVK-001 for additional indications or in combination therapy, the use of the proceeds from this offering, FDA approval of, or other regulatory action with respect to, EVK-001, the timing, cost or other aspects of the commercial launch ofEVK-001 and the commercial launch and future sales of EVK-001 or any other future products or product candidates.

By their nature, forward-looking statements involve risks and uncertainties because they relate to events, competitive dynamics, and healthcare, regulatory and scientific developments and depend on the economic circumstances that may of may not occur in the future or may occur on longer or shorter timelines than anticipated. Although we believe that we have a reasonable basis for each forward-looking statement contained in this presentation, we caution you that forward-looking statements are not guarantees of future performance and that our actual results of operation, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward-looking statements contained in this presentation as a result of, among other factors, the factors referenced in the "Risk Factors" section of the prospectus contained in the Amendment No. 4 to our Registration Statement of Form S-1 filed with the Securities and Exchanged Commission on August 30, 2013 for our proposed initial public offering (the "Registration Statement"). In addition, even if our results of operation, financial condition and liquidity, and the development of the industry in which we operate are consistent with the forward-looking statements contained in this presentation, they may not be predictive of results or developments in future periods. Any forward-looking statement that we make in this presentation speaks only as of the date of such statement, and we undertake no obligation to update such statements to reflect events or circumstances after the date of this presentation.

You should read carefully the factors described in the "Risk Factors" section of the prospectus contained in the Registration Statement to better understand the risks and uncertainties inherent in our business and underlying any forward-looking statements.

Free Writing Prospectus Statement

This presentation highlights basic information about us and the offering. Because it is a summary, it does not contain all of the information that you should consider before investing.

We have filed a registration statement (including a prospectus) with the SEC for the offering to which this presentation relates. The registration statement has not yet become effective. Before you invest, you should read the prospectus in the registration statement (including the risk factors described therein) and other documents we have filed with the SEC for more complete information about us and the offering. You may get these documents for free by visiting EDGAR on the SEC Web site at http://www.sec.gov. The preliminary prospectus, dated August 30, 2013, is available on SEC Web site at http://www.sec.gov/Archives/edgar/data/1403708/000119312513354102/0001193125-13-354102-index.htm .

Alternatively, we or any underwriter participating in the offering will arrange to send you the prospectus if you contact Aegis Capital Corp., Prospectus Department, 810 Seventh Avenue, 18th Floor, New York, NY 10019, telephone: 212-813-1010, e-mail: prospectus@aegiscap.com.

Initial Public Offering Summary

Issuer	Evoke Pharma, Inc.
Exchange / Ticker	NASDAQ Capital Market / EVOK
Shares Offered	2,100,000 (100% Primary)
Over-Allotment	15% or 315,000 (100% Primary)
Price Range	$12.00 -$14.00
Use of Proceeds	Clinical development of EVK-001 and other general corporate purposes
Sole Book Runner	Aegis Capital Corp.

Management

- **Dave Gonyer, R.Ph. President & CEO, Founder, and Director**
  - 26 years of pharmaceutical experience in both commercial and product development
  - Eli Lilly & Company, Dura Pharmaceuticals (sold to Elan), Xcel Pharmaceuticals (co-founder and sold to Valeant), and Victory Pharmaceuticals (sold to Shionogi)

- **Matt D'Onofrio, MBA Chief Business Officer and Founder**
  - 21 years of pharmaceutical experience in commercial roles and execution of strategic partnerships/equity transactions in the US and ex-US
  - Eli Lilly & Company, Vertex, and Victory Pharmaceuticals (sold to Shionogi)

Board of Directors

Cam Garner (Chairman)
Past and current founder, CEO and chairman of several pharma companies

Todd Brady, M.D., Ph.D.
President and CEO of Aldexa Therapeutics

Ken Widder, M.D.
Former CEO and founder of Santarus, Inc. General Partner Latterell Venture Partners

Scott Glenn
Past CEO of Quidel Corp. and chairman or founder of several pharma companies

Malcolm Hill, Pharm.D.
Co-founder and Chief Scientific Officer at Meritage Pharma

Ann Rhoads
Executive Vice President and Chief Financial Officer at Zogenix , Inc.

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Investment Highlights

Nasal Delivery Improves Standard of Care for Gastroparesis

- Gastroparesis is common, serious, and currently poorly treated
- Intranasal delivery avoids GI absorption concerns for patients with compromised motility
- Predictable absorption regardless of gastric emptying delay and relief of symptoms even during flares

Capital Efficient and Risk Mitigated Clinical Development

- One successful pivotal trial completed
- Single Phase 3 clinical trial required for NDA submission
- Clinical enhancement of the only currently approved molecule for gastroparesis and 30+ years of medical use

Large Commercial Opportunity with Limited Competitive Development

- Potentially 12-16 million patients with symptoms of gastroparesis
- Only one approved product on the market for the treatment of gastroparesis and few products in development
- Two key granted US patents to 2030; PCT application to 2032

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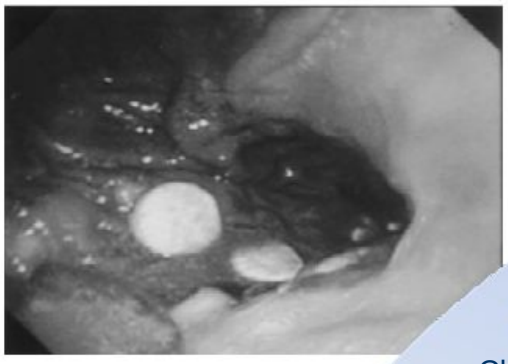
Gastroparesis Diagnosis & Symptoms

Undissolved drug tablets in a stomac



Simpson, S.E., *Clinical Toxicology*, 2011

Gastroparesis is a disorder in which the stomach is delayed in emptying its contents to the small intestine

Characteristic symptoms are nausea, vomiting, abdominal pain, early satiety, and bloating

Gastroparesis interferes with GI absorption of food and medications due to unpredictable gastric emptying and vomiting

Symptom flares vary in severity and diminish quality of life, negatively impact blood glucose control, and lead to complications requiring hospitalization

Potentially 12-16 million patients with gastroparesis symptoms in the US and over 80% are women

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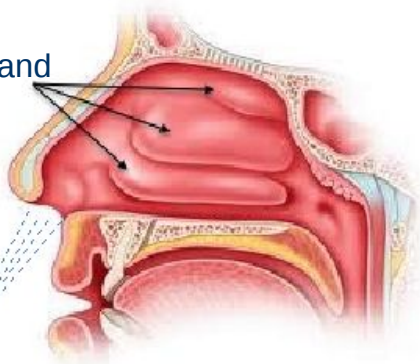
Our novel approach under development for the relief of symptoms associated with acute & recurrent diabetic gastroparesis in women

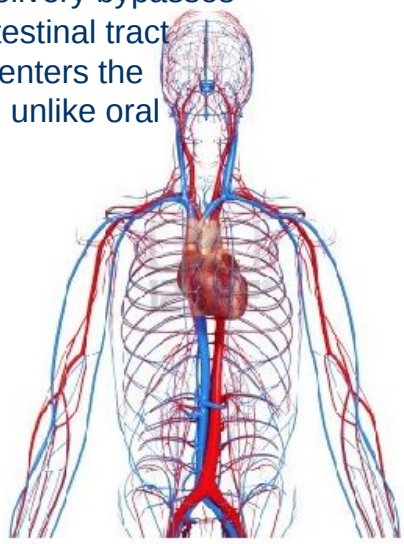
Sites of drug spray and absorption



EVK-001
(Intranasal Metoclopramide)

Intended to provide predictable absorption regardless of gastric emptying delays; Intended to provide symptom relief even during flares

Intranasal delivery bypasses the gastrointestinal tract and directly enters the bloodstream unlike oral medications



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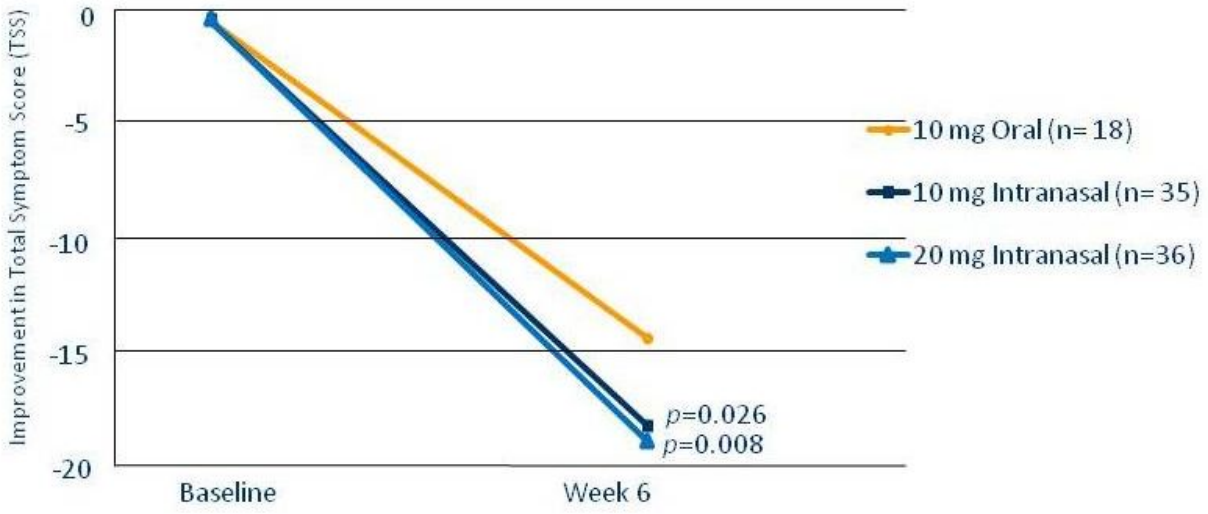
Head to Head Phase 2 Diabetic Gastroparesis Clinical Data (Oral Metoclopramide v. Intranasal Metoclopramide)

Mean Total Symptom Score (TSS) Change from Baseline to Week 6



Statistically significant improvement in total symptom score for intranasal doses versus 10 mg oral confirms benefit of intranasal vs. oral

Metoclopramide for Diabetic Gastroparesis:: Comparison of a Nasal Spray Formulation to Conventional Oral Tablet Administration
Henry P. Parkman, MD, Temple University, School of Medicine
Presented at DDW 2013 (Orlando, FL)

Gastroparesis Development Landscape

Product	Class	Route	Company	Development Status
EVK-001	***Dopamine antagonist/ mixed 5-HT$_3$ antagonist/5-HT$_4$ agonist***	***Intranasal***	***Evoke Pharma***	***Phase 3 Ready***
RM-131	Ghrelin agonist	Sub Cutaneous	Rhythm Therapeutics	Phase 2
GSK962040	Motilin agonist	Oral	GlaxoSmithKline	Phase 2a
TD-5108	5-HT$_4$ agonist	Oral	Theravance	Phase 2a

No new competition expected for several years after EVK-001 launch even if new chemical entities prove effective

Metoclopramide Nasal Spray (EVK-001) for Diabetic Gastroparesis

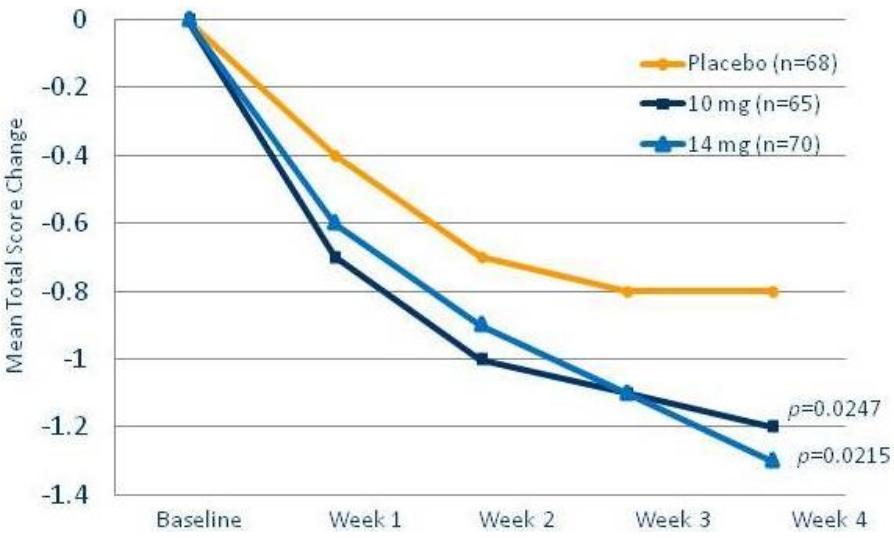
Completed Phase 2b study (METO-IN-00

- US multicenter, double-blind, placebo-controlled study
- 287 patients with diabetic gastroparesis
- 4-week safety and efficacy study
- 3 treatment arms (placebo, 10 mg and 14 mg)
- Patient Reported Outcome (PRO) primary endpoint: modified Gastroparesis Cardinal Symptom Index-Daily Diary (mGCSI-DD)
  - Four symptom composite: nausea, early satiety, bloating, upper abdominal pain
  - Total score change from baseline to week 4

METO-IN-002 is currently the largest diabetic gastroparesis study conducted with metoclopramide

METO-IN-002 Efficacy Results: Statistical Significant Improvement of Symptoms of Gastroparesis in Women

Mean mGCSI-DD Total Score Change from Baseline to Week 4 for Females



Summary of Phase 2b Study

- Statistically significant difference between EVK-001 and placebo ($p<0.02$) for the pre-specified analysis group of females (n=203)
- Results not significant for ITT population due to lack of separation from placebo in males

- METO-IN-002 revealed a gender difference not previously detected in smaller gastroparesis studies
- Gender effects have been reported in drug studies for other GI motility disorders, such as IBS, and products approved for women only indications

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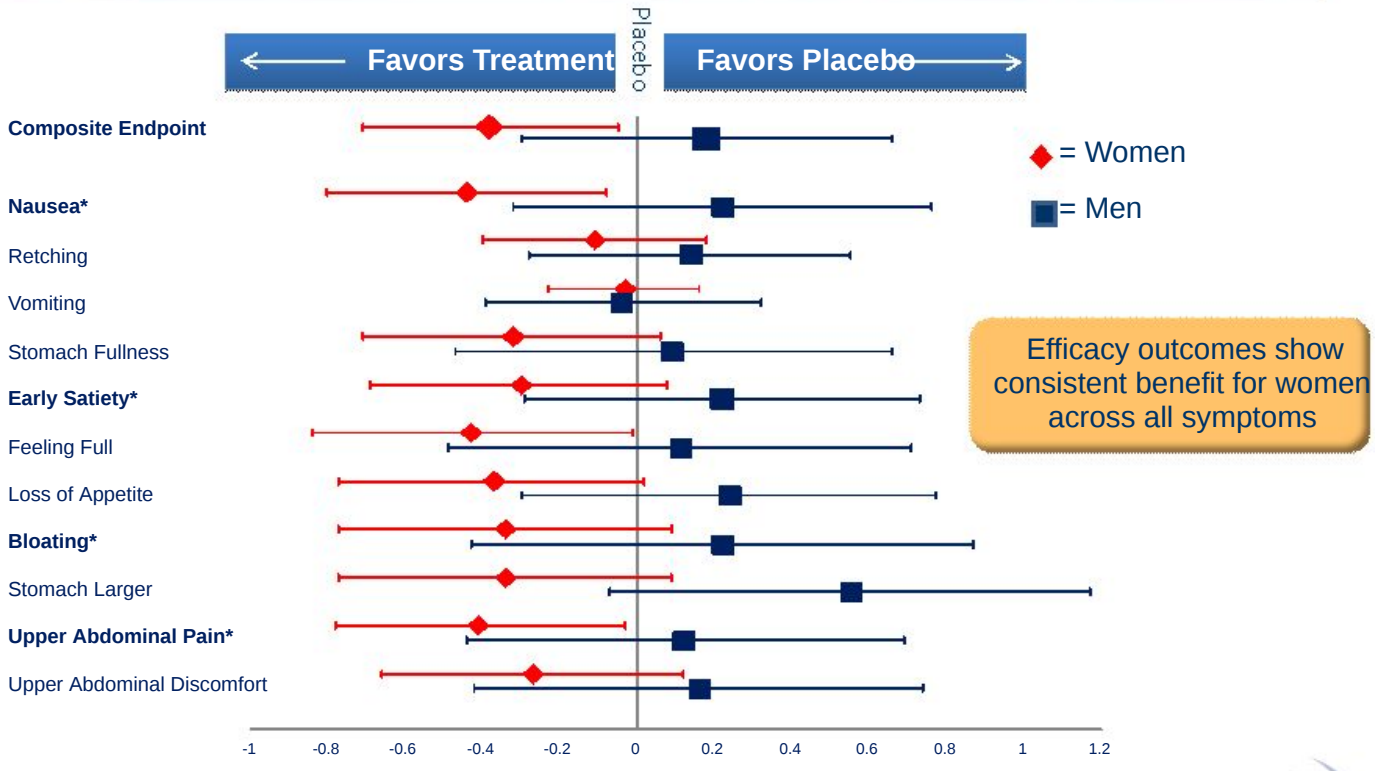
METO-IN-002: Gender Disparity in Treatment Effects EVK-001 vs. Placebo



Efficacy outcomes show consistent benefit for women across all symptoms

*mGCSI-DD = four bolded symptoms. Differences of least-square means of 10 mg treatment scores, 95% confidence intervals

METO-IN-002: Favorable Safety Profile

Summary of Data

- EVK-001 was well-tolerated at both the 10 mg and 14 mg doses QID for 28 days
- <10% dropouts, includes 5% due to adverse events (AEs)
- Majority of AEs were mild/moderate and transient in nature
- No significant cardiac changes throughout 28-day treatment period
- No SAEs reported related to study drug

Treatment-Emergent Adverse Events Reported by More than 2 Subjects in Any Treatment Group

	Placebo (N = 95)	EVK-001 10 mg IN (N = 95)	EVK-001 14 mg IN (N = 95)
Dysgeusia*	4 (4.2%)	12 (12.6%)	13 (13.7%)
Headache	4 (4.2%)	7 (7.4%)	8 (8.4%)
Dizziness	2 (2.1%)	3 (3.2%)	3 (3.2%)
Somnolence	0 (0.0%)	2 (2.1%)	2 (2.1%)
Fatigue	1 (1.1%)	5 (5.3%)	6 (6.3%)
Depression	3 (3.2%)	0 (0.0%)	0 (0.0%)
Diarrhea	9 (9.5%)	3 (3.2%)	2 (2.1%)
Nausea	4 (4.2%)	1 (1.1%)	4 (4.2%)
GERD	1 (1.1%)	4 (4.2%)	0 (0.0%)
Epistaxis	0 (0.0%)	2 (2.1%)	3 (3.2%)
Cough	2 (2.1%)	0 (0.0%)	3 (3.2%)
Nasal discomfort	0 (0.0%)	3 (3.2%)	2 (2.1%)
Rhinorrhea	1 (1.1%)	1 (1.1%)	3 (3.2%)
Throat irritation	1 (1.1%)	0 (0.0%)	3 (3.2%)
Upper resp. tract inf.	4 (4.2%)	0 (0.0%)	2 (2.1%)
Nasopharyngitis	1 (1.1%)	3 (3.2%)	1 (1.1%)
Hyperglycemia	1 (1.1%)	1 (1.1%)	3 (3.2%)
Hypoglycemia	1 (1.1%)	1 (1.1%)	3 (3.2%)

* Of the subjects reporting dysgeusia, 34% were from one site

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End of Phase 2 Regulatory Guidance

- Required for NDA filing
  - Single Phase 3 study in women only
    - Dose, regimen, duration (10 mg, QID, and 28 days), and endpoint
  - Thorough QT study
    - Despite the absence of cardiac safety issues with metoclopramide
- Not required for NDA filing
  - Parallel study in men with futility stop based on efficacy
  - Safety results will be included in female NDA

Planned Phase 3 Study for EVK-001

Objective

- Demonstrate safety and effectiveness of metoclopramide nasal spray versus placebo in reducing the symptoms of gastroparesis

Protocol

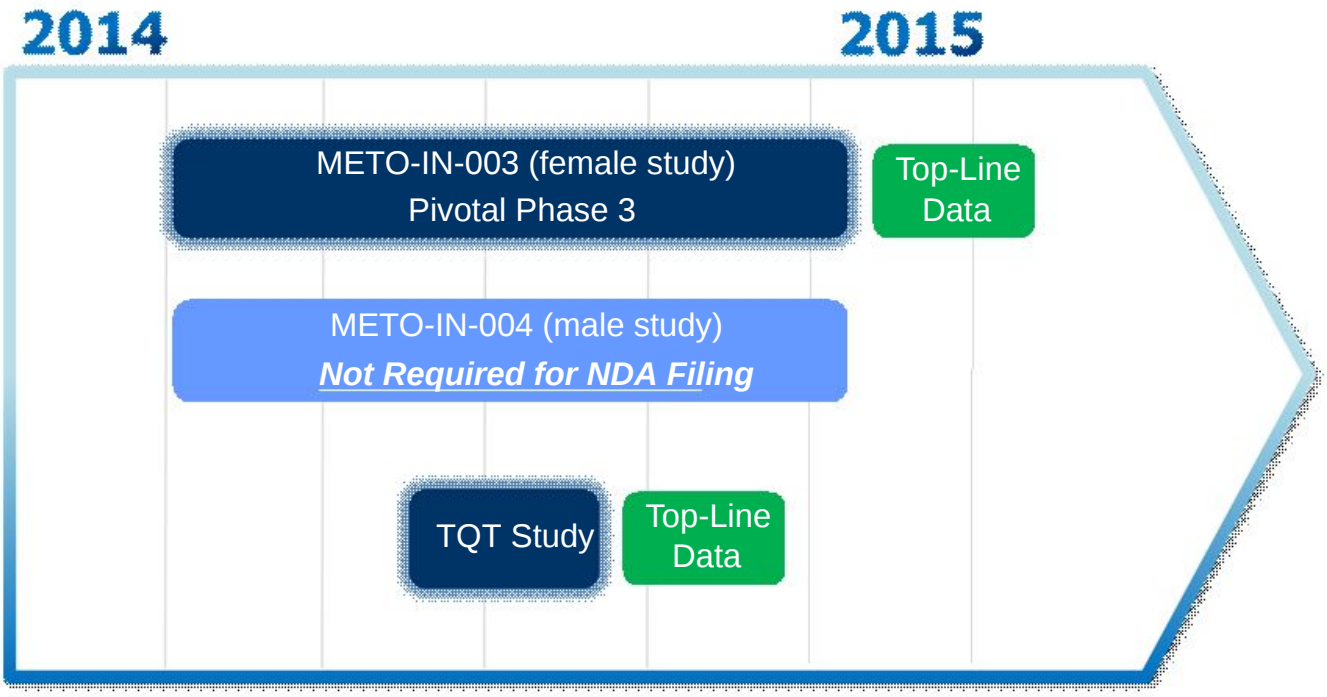
- Double-blind, placebo-controlled, parallel-group study to evaluate the efficacy, safety and population pharmacokinetics in adult female subjects with diabetic gastroparesis
- Two treatment arms
  - EVK-001 10 mg or placebo before meals and at bedtime for 28 days
- ~200 total subjects (1:1 randomization)
- ~60 U.S. sites

Primary Endpoint

- Change in the average GSA total score for baseline versus Week 4 of the treatment period

Phase 3 study design very similar to Phase 2b design

Planned Development Timeline

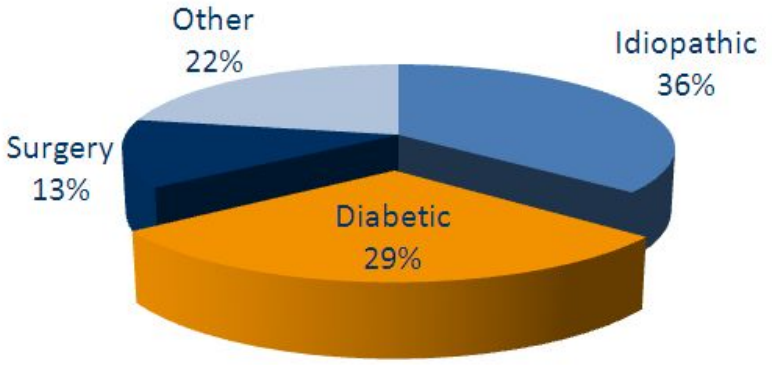


Compelling Commercial Opportunity

- Physician market research indicates significant need and positive feedback for EVK-001
  - Gastroenterologists, Internal Medicine, and Primary Care
  - Over 300 physicians
- Payer and pricing research shows potential rapid market uptake
  - Large and mid size plans
  - Medical and pharmacy directors
- Patient market research shows comfort and interest with nasal delivery
- Currently large prescription and patient volume in gastroparesis
  - Approximately 5 million metoclopramide prescriptions treating part of the market
  - Potentially 12-16 million US patients with symptoms of gastroparesis

US Gastroparesis Population is Large and Growing

- Potentially 12-16 million patients with symptoms of gastroparesis
- Many patients go untreated



80% of all patients diagnosed with gastroparesis are women

- Samsom M, Roelofs J. "Prevalence of Delayed Gastric Emptying in Diabetic Patients and Relationship to Dyspeptic Symptoms." *Diabetes Care*, Vol. 26, No. 11, Nov. 2003, 3116-3122.
- Hasler WL. *Current Gastro Reports* 2007;9: 261-2692007;9: 270-279
- Intagliato NI, Koch KL. *Current Gastro Reports*
- Soykan I, Sivri B, Sarosiek I, Kiernan B, McCallum RW. Demography, clinical characteristics, psychological and abuse profiles, treatment, and long-term follow-up of patients with gastroparesis. *Dig Dis Sci* 1998;43:2398-404.

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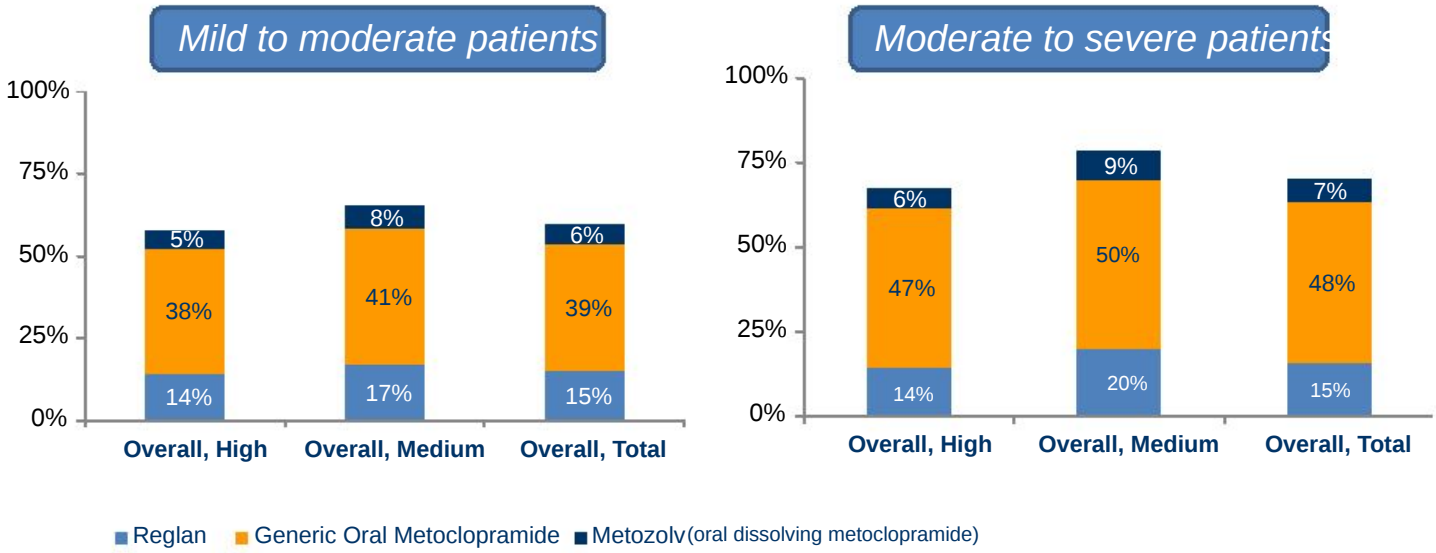
50% -80% of Patients Are Already Treated with Metoclopram Trending Higher in Moderate to Severe Patients

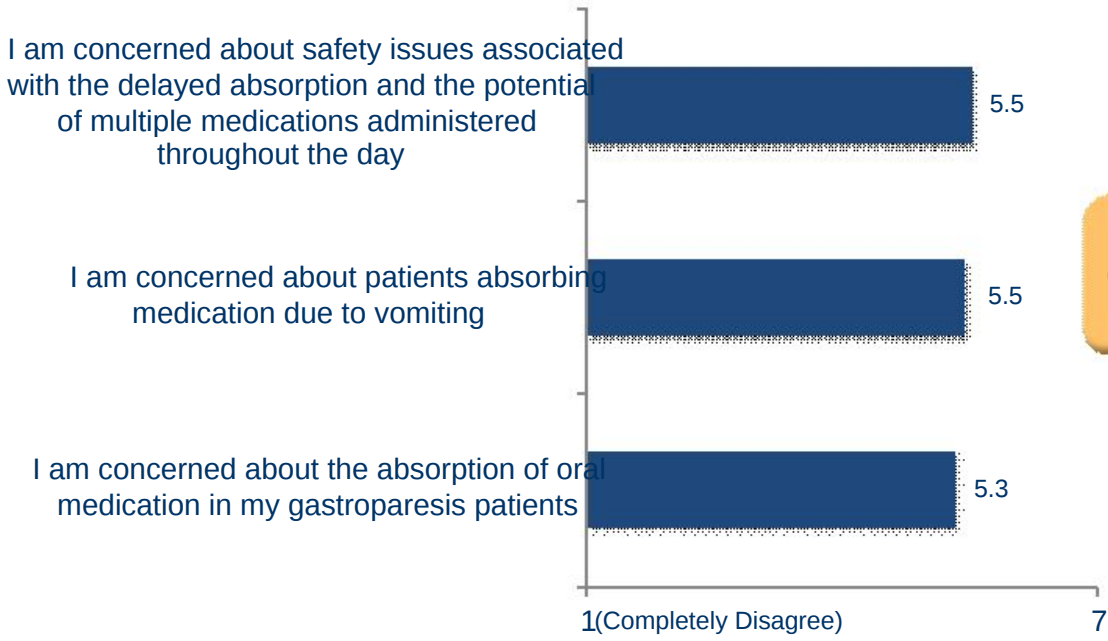
Metoclopramide Share



Source: ZS Associates Gastroparesis quantitative survey (n=121), Questions 3Q30 and 3Q37: What percent of your mild to moderate/ moderate to severe gastroparesis patients are being managed with each of the following options? Your percentage can sum to over 100% if patients are receiving more than one therapy. Totals weighted based on average metoclopramide TRx's per high/medium segment

Physicians Are Not Satisfied with Current Treatment Op

View of Current Medications

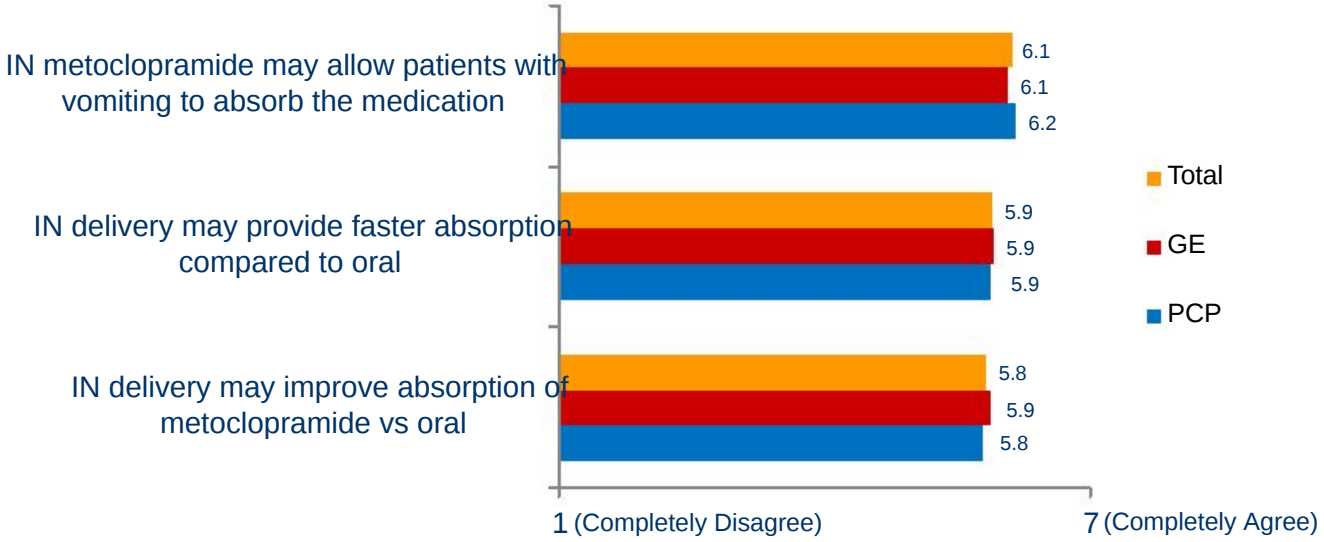


There is a need in gastroparesis treatment for other options

Source: ZS Associates Gastroparesis quantitative survey (n=121 3Q43: How much do you agree with each of the following statements?

MDs'Concerns Regarding Absorption of Medication Are Addressed by EVK-001's Base Product Profile

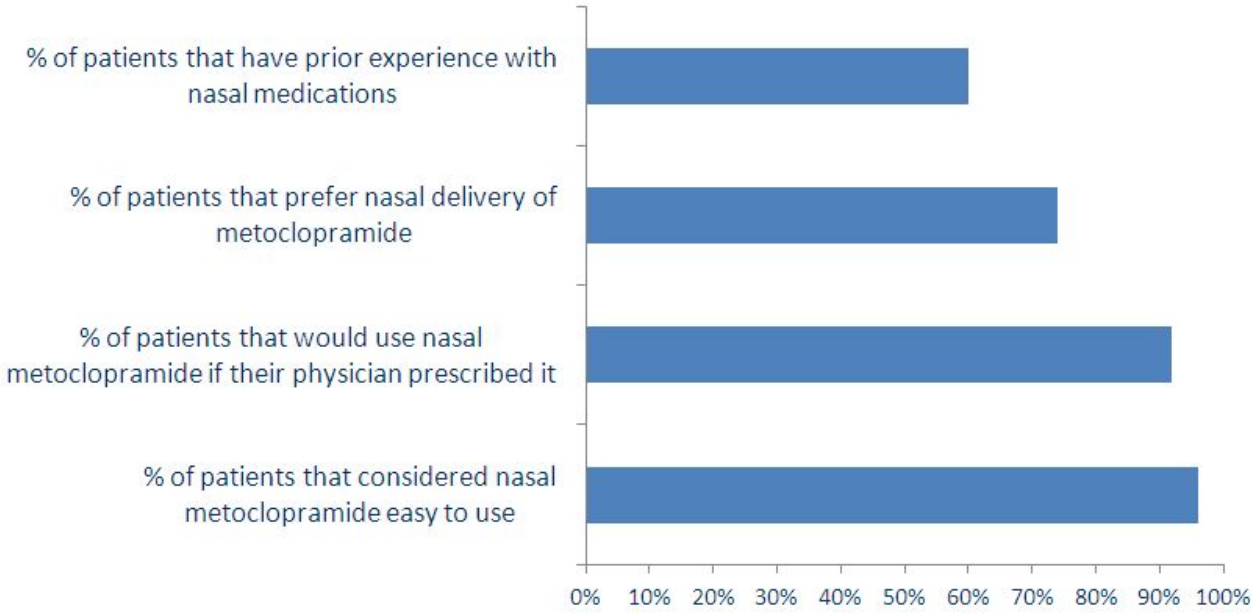
Mode of Delivery Attributes



Source: ZS Associates Gastroparesis quantitative survey (n=121), Question 4Q5: How much do you agree with each of the following statements? Totals weighted based on average metoclopramide TRx's per high/medium segment

Gastroparesis Patients Have Previous Experience, Prefer Na Delivery and Will Use It If Prescribed

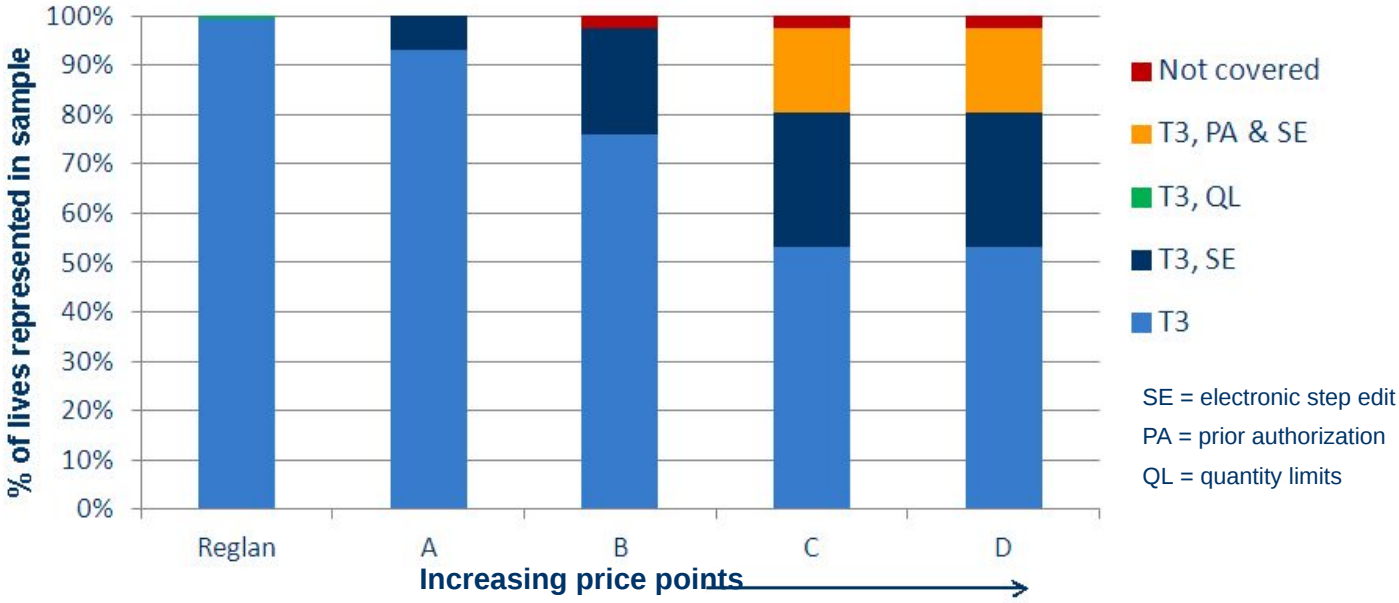
Patient Preferences



Source: G&S Research, May 2011. N = 98. All previously diagnosed with diabetic gastroparesis and enrolled in METO-IN-002.
Questions: 31, 37, 38, 35

EVK-001 Payer Reimbursement Landscape

Commercial Predicted Formulary Access of EVK-001
(n = 10; 104M total US lives represented)

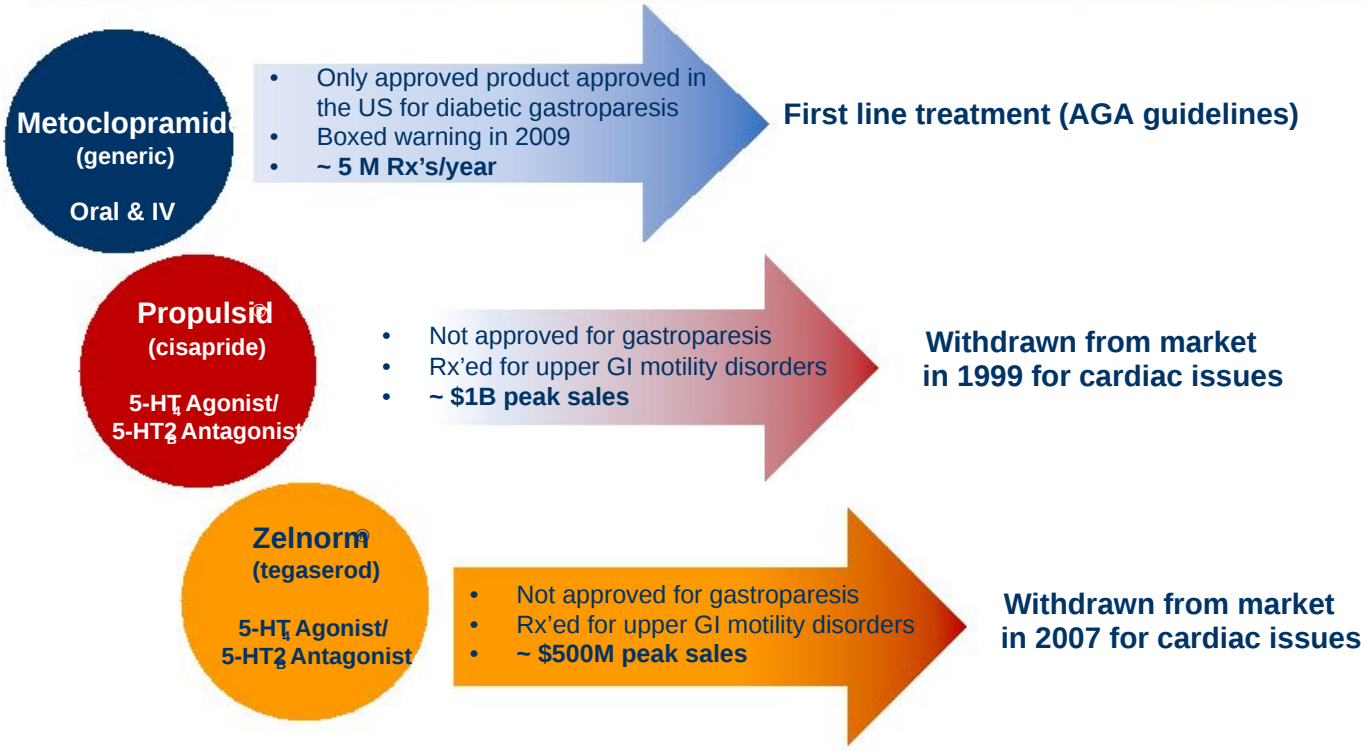


SE = electronic step edit
PA = prior authorization
QL = quantity limits

As the majority of patients are already on generic metoclopramide, a step edit is projected to have minimal market share loss at highest price point tested

Source: ICON / Pricespective, EVK-001Payer Landscape for Gastroparesis July 2012

Limited Treatment Options for Gastroparesis Creates Underserved and Large Market



- Other drugs used for treatment of gastroparesis symptoms include: Domperidone (not approved in the US), antiemetics, erythromycin, and opioids

EVK-001 Intellectual Property Summary

IP Landscape

- Two (2) key issued U.S. patents covering method of use and formulation
- Two (2) granted foreign patents covering method of use
- One (1) pending U.S. patent application

U.S. Granted Patents		
Patent #	U.S. 6,770,262	U.S. 8,334,281
Title	Nasal Administration of Agents for the Treatment of Gastroparesis	Nasal Formulations of Metoclopramide
Expires	2021	2030

PCT Application	
Application #	PCT/US2012/052096
Title	Treatment of Symptoms Associated with Female Gastroparesis
Expires	2032 (if granted)

Current patents provide protection against:
- delivering metoclopramide into the nose to treat symptoms associated gastroparesis; and
- using a spectrum of stable liquid formulations containing metoclopramide

Valuation Comparables

Company	Stage	Asset	Valuation
Evoke Pharma (EVOK)	Phase 3	Optimized drug for Gastroparesis	$77M (post midpoint money)
Synergy Pharma (SYGP)	Phase 3	NCE for IBS	$400M
Ironwood Pharmaceuticals (IRWD)	Commercial	NCE for IBS	$1.2B
Santarus (SNTS)	Commercial	Optimized drug for Crohn's & GERD	$1.7B
NPS Pharmaceuticals (NPSP)	Commercial	NCE for Short Bowel Syndrome	$2.1B

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Pre-IPO Capital Structure

Capitalization	Shares Outstanding	% Outstanding
Common Stock	3,681,752	96.20%
Stock Options[1]	123,250	3.22 %
Warrants[2]	22,000	0.57 %
Fully-diluted Shares Outstanding	3,827,002	100 %

[1] Average strike price of $0.40

[2] Average strike price of $7.50

IPO – Use of Proceeds and Next Steps

- Research & Development – $15M
  - Complete one Phase 3 clinical trial of EVK-001 for the relief of symptoms associated with acute and recurrent diabetic gastroparesis in adult women with diabetes mellitus
  - Complete a Thorough QT study for EVK-001
  - Begin a parallel clinical trial of EVK-001 in males

- Remainder will be used for working capital and general purposes

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