FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

neck this box if no longer subject to ection 16. Form 4 or Form 5	STATEMENT OF CHANGES IN
obligations may continue. See	

OMB APPROVAL OMB Number: **BENEFICIAL OWNERSHIP**

Estimated average burden hours per response: 0.5

Instruc	tion 1(b).			File					a) of the Sec Investment					4		Lilouis	per rec		0.0
1. Name and Address of Reporting Person* CARLSON MARILYN R.					2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O EVOKE PHARMA, INC. 505 LOMAS SANTA FE DRIVE, SUITE 270					3. Date of Earliest Transaction (Month/Day/Year) 01/28/2016								2	X Officer (give title Other (specify below) Chief Medical Officer					
(Street) SOLANA BEACH (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired, [Disp	osed o	f, or	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date			Code (Instr. 5)			ties Ad I Of (D	cquired)) (Instr.	(A) or 3, 4 and		es Formalially (D) (Following (I) (I		n: Direct or Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D) Pr		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
		-	Table II -						uired, Di s, options		,			•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	ransaction code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day		of Se Unde Deriv	tle and A ecurities erlying vative S r. 3 and	ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	O N	mount r lumber if shares					

Explanation of Responses:

\$3.07

1. The total number of shares of common stock subject to the option vests in 48 equal monthly installments over the four-year period beginning on January 1, 2016, subject to the reporting person's continued service to the Issuer through each such vesting date.

50,000

(1)

Remarks:

Stock Option

(Right to Buy)

> /s/ Matthew J. D'Onofrio, Attorney-in-fact for Marilyn R. 01/29/2016 Carlson

\$0.00

50,000

D

** Signature of Reporting Person Date

50,000

Common

01/27/2026

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).

01/28/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Α

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.