FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| IL | OMB APPROVAL | | | | | | | | | |
|----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | 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* <u>CARLSON MARILYN R.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Evoke Pharma Inc [EVOK] | | | | | | | | | ck all applica Director | able) | title Ot | | % Owner her (specify low) |
|--|--------|---|------------------------------|--|--|-----------|--|----------------------|-----|---|-----------------|---|---|--|------------|--|--|---------------------------|
| (Last) (First) (Middle) C/O EVOKE PHARMA, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2017 | | | | | | | | Chief Medical Officer | | | | | |
| 420 STEVENS AVENUE, SUITE 370 | | | | | | | | | | | | | | | | | | |
| (Street) SOLANA BEACH CA 92075 | | 92075 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Ta | ble I - Non-De | erivati | ve Se | ecurities | s Ac | quired, D | isp | osed o | f, or Be | nefi | cially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | е | action 2A. De Execu Day/Year) f any (Mont | | Date, | Transaction Disposed | | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | and 5) Securitie Beneficia Owned F | | s For ally (D) following (I) | | Direct III Indirect Estr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | , | Amount | (A) o (D) | r P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| L. Title of Derivative Security Instr. 3) 2. Conversion Date (Month/Day/Year) Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amo or Num of S | | | (Instr. 4) | | | |
| Stock Option (Right to Buy) | \$2.36 | 01/25/2017 | | A | | 100,000 | | (1) | 01/ | /24/2027 | Common Stock | 100 | ,000 | \$0.00 | 100,00 | 00 | D | |

Explanation of Responses:

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, 2017, 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. 01/27/2017 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.