### Edgar Filing: Evoke Pharma Inc - Form 4

Evoke Pharm	na Inc										
Form 4											
March 02, 20	)17										
FORM	<b>14</b>					<b>TT A N</b>				PPROVAL	
	UNIT	ED STATES		shington,			GE (	COMMISSION	OMB Number:	3235-0287	
Check thi	is box		vv as	, migton,	D.C. 203	<b>-</b> /				January 31,	
if no long		TEMENT O	F CHAN	HANGES IN BENEFICIAL OWN				NERSHIP OF	Expires:	2005	
subject to Section 1					ITIES				Estimated average burden hours per		
Form 4 or	Form 4 or						response 0.				
Form 5 obligation		-					-	e Act of 1934,			
may cont				•				f 1935 or Section	n		
<i>See</i> Instru 1(b).	action	30(h)	) of the In	vestment	Company	' Act	of 194	40			
(Print or Type R	Responses)										
D'Onofrio Matthew J Symbo				2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
				Evoke Pharma Inc [EVOK]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(enec	x un upphouor	·)		
				Month/Day/Year)				Director	Owner		
	E PHARMA, AVENUE, SI		02/28/20	017				_X_ Officer (give below) Exec VP	below) , Chief Bus. Of	er (specify ficer	
	(Street)		4. If Ame	ndment, Dat	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
SOLANA B	EACH, CA 9	92075						_X_ Form filed by 0 Form filed by M Person	One Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of		Date 2A. Dee		3.			-	5. Amount of	6. Ownership		
Security (Instr. 3)	• •		on Date, if	Transaction(A) or Disposed of Code (D)					Form: Direct (D) or	Indirect Beneficial	
(1150.5)		any (Month/	/Day/Year)		(Instr. 3, 4 and 5)			Owned 1	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A) or		Transaction(s)			
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2017			J <u>(1)</u>	12,000	А	\$ 1.6	224,608	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## **Reporting Owners**

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Nar</b>	ne / Address	Relationships						
I B	Director	10% Owner	Officer	Other				
D'Onofrio Matthew J C/O EVOKE PHARMA 420 STEVENS AVENU SOLANA BEACH, CA	JE, SUITE 370		Exec VP, Chief Bus. Officer					
Signatures								
/s/ Matthew J. D'Onofrio	03/02/2016							
<u>**</u> Signature of Reporting Person	Date							
Explanation o	f Deeneneee							

## Explanation of Responses:

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.