Edgar Filing: Hill Malcolm R - Form 4

| Hill Malcolm R Form 4 | | | | | | | |
|--|---|--|---|---|--|--|--|
| April 27, 2018 | | | | OMB APPROVAL | | | |
| UNITED | OMB 3235-0287 Number: | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | | | |
| (Print or Type Responses) | | | | | | | |
| 1. Name and Address of Reporting Hill Malcolm R | Symbol | er Name and Ticker or Trading Pharma Inc [EVOK] | Issuer | | | | |
| (Last) (First) (N | | of Earliest Transaction | | heck all applicable) | | | |
| C/O EVOKE PHARMA, INC STEVENS AVENUE, SUIT | C., 420 04/26/2 | Day/Year) 2018 | X_ Director Officer (give t below) | Officer (give title Other (specify | | | |
| (Street) SOLANA BEACH, CA 9207 | Filed(Mo | endment, Date Original onth/Day/Year) | Applicable Line) _X_ Form filed by O Form filed by M | int/Group Filing(Check One Reporting Person lore than One Reporting | | | |
| | (7:) | la L. Nam Danimatina Commi | Person | an Barafaialla Ormad | | | |
| 1.Title of 2. Transaction Date | - Iau | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) H | 5. Amount of 6. Securities For Beneficially (I Owned (I | . Ownership 7. Nature of orm: Direct Indirect D) or Indirect Beneficial | | | |
| Reminder: Report on a separate line | for each class of sec | Persons who information required to r | ctly or indirectly. o respond to the collect contained in this form a respond unless the forn urrently valid OMB cont | n (9-02) | | | |

number.

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

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|------------|--------------|-------------------------|------------------------|---|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Securities | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |

| (Instr. 3) | Price of Derivative Security | (Month/Da | y/Year) | (Instr. | 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|--------------------------------------|------------------------------------|------------|---------|---------|----|--|-----|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 2.36 | 04/26/2018 | | А | | 31,500 | | <u>(1)</u> | 04/25/2028 | Common Stock | 31,500 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| r g - i i i i i i i i i i i i i i i i i i | Director | 10% Owner | Officer | Other | | | |
| Hill Malcolm R C/O EVOKE PHARMA, INC. 420 STEVENS AVENUE, SUITE 370 SOLANA BEACH, CA 92075 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Matthew J. D'Onofrio, Attorney-in-fa R. Hill | 0 | 4/27/2018 | | | | | |
| ** Signature of Reporting Person | | Date | | | | | |

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) The total number of shares of common stock subject to the option vests on the one-year anniversary of the date of grant (4/26/2019), subject to the reporting person's continued service to the Issuer through such vesting date.

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.

(