Edgar Filing: D'Onofrio Matthew J - Form 4

D'Onofrio M Form 4												
Form 4 September 0: FORM Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	4 UNITE is box ger 6. r Filed p Section 1'	CMENT O ursuant to 7(a) of the	Was F CHAN Section 1	shingto GES I SEC 6(a) of tility H	on, ¹ N E URI	D.C. 205 BENEFI TIES Securiti ing Com	5 49 CIAI es Ex pany	COW Change Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	•	
(Print or Type F	Responses)											
D'Onofrio Matthew J Symbol				Name and Ticker or Trading Pharma Inc [EVOK]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	^(First) E PHARMA, II AVENUE, SUI	· · · · · · · · · · · · · · · · · · ·	3. Date of (Month/D 08/31/2	ay/Year		nsaction			Director X Officer (give below)	10%	Owner er (specify	
Filed(Mont				ndment, Date Original th/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	SEACH, CA 92 (State)	(Zip)							Person			
	× ,				n-De			-	uired, Disposed of	·	•	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if Day/Year)	3. Transa Code (Instr.	8)	4. Securit n(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/31/2018			J <u>(1)</u>		13,036	А	\$ 1.63	238,759	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / A	ddress	Relationships							
	Director	10% Owner	Officer	Other					
D'Onofrio Matthew J C/O EVOKE PHARMA, INO 420 STEVENS AVENUE, SI SOLANA BEACH, CA 9207	UITE 370		Exec VP, Chief Bus. Officer						
Signatures									
/s/ Matthew J. D'Onofrio	09/04/2018								
**Signature of Reporting Person	Date								
Explanation of R	esponses:								

* 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 purchased 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.