FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Bonaccorso Joe | | | | | 2. Issuer Name and Ticker or Trading Symbol Verrica Pharmaceuticals Inc. [VRCA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|---|-----------------|---|--|--------|--|---|-------|---|--|--|--|--|---|--|--|---------|
| (Last) C/O VEI | Last) (First) (Middle) C/O VERRICA PHARMACEUTICALS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019 | | | | | | | | | below | r (give title) ief Comm | erci | Other (below) al Officer | specify |
| 10 NORTH HIGH STREET, SUITE 200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WEST CHESTH | | | | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amo Securit Benefic Owned Followi | ties Fo cially (D) Inc | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amoun | nt (A) or P | | e | Report Transa | | | ur. 4) | (instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 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) | | Tansact Code (In) | tion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Dei Seo | Price rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | oiration te | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$11.32 | 02/28/2019 | | | Α | | 61,260 | | (1) | 02/: | 27/2029 | Common Stock | 61,260 |) 4 | \$0.00 | 61,260 | | D | |

Explanation of Responses:

1. 25% of shares subject to the option shall vest on February 28, 2020 (the "Initial Vesting Date"), and 1/48th of the shares subject to the Option shall vest each month thereafter on the same day of the month as the Initial Vesting Date, subject to the Reporting Person continuing to be a service provider through each such date.

Remarks:

<u>/s/ Mark Ballantyne, Attorney-</u> 03/04/2019 in-Fact

** 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.