FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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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* Davidson Matt (Last) (First) (Middle) C/O VERRICA PHARMACEUTICALS INC. 10 NORTH HIGH STREET, SUITE 200 (Street) WEST CHESTER PA 19380 (City) (State) (Zip)					3. D 07/	Verrica Pharmaceuticals Inc. [VRCA] 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2019									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below) Second S					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					ction ay/Year	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (8) Code	ction	4. Securitie	es Acquired (A) o Of (D) (Instr. 3, 4 a (A) or (D) Price		or and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				07/03/ 07/05/ 07/08/	2019	2019			S ⁽¹⁾ S ⁽¹⁾		3,954 5,675	D	\$1	1.41 ⁽³⁾ 1.06 ⁽⁴⁾	2,6	556,119 550,444	D D			
1. Title of Derivative (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)				uts, c 4. Transa	ss, calls, warrants, ransaction ode (Instr. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ired, Disposed of, options, convertib 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Exercisable Date					8. P Deri Sec (Ins	wned	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In		11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 22, 2018.
- 2. The price reported is a weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$11.01 to \$11.80, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The price reported is a weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$11.00 to \$11.80, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in
- 4. The price reported is a weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$10.83 to \$11.22, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in

Remarks:

/s/ Mark Ballantyne, Attorneyin-Fact

** Signature of Reporting Person Date

07/08/2019

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.